



Secretary of State
Statement of Information
 (California Nonprofit, Credit Union and
 General Cooperative Corporations)

SI-100

43

IMPORTANT — Read instructions before completing this form.

Filing Fee — \$20.00;

Copy Fees — First page \$1.00; each attachment page \$0.50;
 Certification Fee — \$5.00 plus copy fees

FILED

Secretary of State
State of California

JAN 13 2017

1. Corporation Name (Enter the exact name of the corporation as it is currently recorded with the California Secretary of State)

PALISAIR HOME OWNERS ASSOCIATION

NF This Space For Office Use Only

2. 7-Digit Secretary of State File Number

C0401437

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
NONE		CA	
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code
P.O. BOX 901	PACIFIC PALISADES	CA	90272

4. Officers

The Corporation is required to list all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/	First Name	Middle Name	Last Name	Suffix
FRANCINE			KIRKPATRICK	
Address			City (no abbreviations)	State Zip Code
P.O. BOX 901			PACIFIC PALISADES	CA 90272
b. Secretary	First Name	Middle Name	Last Name	Suffix
DIANA			UNGERLEIDER	
Address			City (no abbreviations)	State Zip Code
P.O. BOX 901			PACIFIC PALISADES	CA 90272
c. Chief Financial Officer/	First Name	Middle Name	Last Name	Suffix
DAVID			SCHULTZ	
Address			City (no abbreviations)	State Zip Code
P.O. BOX 901			PACIFIC PALISADES	CA 90272

5. Agent for Service of Process

Item 5a and 5b: If the agent is an individual, the agent must reside in California and Item 5a and 5b must be completed with the agent's name and California address. **Item 5c:** If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 5c must be completed (leave Item 5a-5b blank).

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box		City (no abbreviations)	State Zip Code
5716 CORSA AVE. SUITE 110		WESTLAKE VILLAGE	CA 91362
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 5a or 5b			
INCPOR SERVICES, INC. C 2294569			

6. Common Interest Developments

☒ Check here if the corporation is an association formed to manage a common interest development under the Davis-Sterling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See instructions.

7. The Information contained herein, including in any attachments, is true and correct.

8/24/16

KAREN OLAN

BOOKKEEPER

Date

Type or Print Name of Person Completing the Form

Title

Signature

SI-100 (REV 11/2016)

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