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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **728860** **(8)**

1. Corporation Name

PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION N O. 5, INC.

Principal Place of Business	Mailing Address
1280 S.W. 36TH AVENUE, SUITE #301 POMPANO BEACH FL 33069	1280 S.W. 36TH AVENUE, SUITE #301 POMPANO BEACH FL 33069-4868

3. Date Incorporated or Qualified: **02/18/1974**
3a. Date of Last Report: **04/02/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1565183** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

SHERMAN, DR. LEONARD
1280 S.W. 36TH AVENUE, SUITE #301
POMPANO BEACH FL 33069

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLAX, PASHA		1.2 NAME		
STREET ADDRESS	1280 S.W. 36TH AVENUE, SUITE #301		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, EDWARD		2.2 NAME		
STREET ADDRESS	1280 S.W. 36TH AVENUE, SUITE #301		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, MAX		3.2 NAME		
STREET ADDRESS	1280 S.W. 36TH AVENUE, SUITE #301		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHAPIRO, HARRY		4.2 NAME		
STREET ADDRESS	1280 S.W. 36TH AVENUE, SUITE #301		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHERMAN, LEONARD DR.		5.2 NAME		
STREET ADDRESS	1280 S.W. 36TH AVENUE, SUITE #301		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SICLARE, JOSEPH		6.2 NAME		
STREET ADDRESS	1280 S.W. 36TH AVENUE, SUITE #301		6.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leonard M Sherman 3/19/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
LEONARD SHERMAN
Daytime Phone # 0025898