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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/18/1974

4. FEI Number

59-1565183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	FLAX, PASHA	
STREET ADDRESS	1280 S.W. 36TH AVENUE, SUITE #301	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, EDWARD	
STREET ADDRESS	1280 S.W. 36TH AVENUE, SUITE #301	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, MAX	
STREET ADDRESS	1280 S.W. 36TH AVENUE, SUITE #301	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, HARRY	
STREET ADDRESS	1280 S.W. 36TH AVENUE, SUITE #301	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHERMAN, LEONARD DR.	
STREET ADDRESS	1280 S.W. 36TH AVENUE, SUITE #301	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SICLARE, JOSEPH	
STREET ADDRESS	1280 S.W. 36TH AVENUE, SUITE #301	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Flax, Pasha	
1.3 STREET ADDRESS	1280 S.W. 36th Ave, Suite #301	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33069	

2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rosenthal, Jack	
2.3 STREET ADDRESS	1280 S.W. 36th Ave. Suite #301	
2.4 CITY-ST-ZIP	Pompano Beach, FL 33069	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cohen, Joseph C.	
3.3 STREET ADDRESS	1280 S.W. 36th Ave. #301	
3.4 CITY-ST-ZIP	Pompano Beach, FL 33069	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 Sherman

3/17/98

954 969-1330

CR2E037 (10/97)