FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State
03-31-1999 90043 040 ****61.25

0026876

DOCUMENT # 728860

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/18/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1565183 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	VPD	☐ 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	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSENTHAL, JACK		2.2 NAME	
STREET ADDRESS	1280 S.W. 36TH AVENUE, SUITE #301		2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069		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 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] **RECEIVED** 3/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #