


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90457 034 ****61.25

DOCUMENT # 728860 1. Entity Name PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO. 5, INC.					
Principal Place of Business 1280 S.W. 36TH AVENUE, SUITE #301 POMPAÑO BEACH, FL 33069			Mailing Address 1280 S.W. 36TH AVENUE, SUITE #301 POMPAÑO BEACH, FL 33069		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1565183	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BAKALAR, BROUGH, & CHADROW, P.A. 150 S. PINE ISLAND RD. #540 PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VPD FLAX, PASHA 1280 S.W. 36TH AVENUE, SUITE #301 POMPAÑO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D GOLDSTEIN, MAX 1280 S.W. 36TH AVENUE, SUITE #301 POMPAÑO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD WITTE, SUZAN 1280 SW 36 Ave #301 Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD COHEN, BERNARD M 1280 SW 36 AVE #301 POMPAÑO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Newton, Larry 1280 SW 36 Ave #301 Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD SHERMAN, LEONARD DR. 1280 S.W. 36TH AVENUE, SUITE #301 POMPAÑO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD HYMAN, NEVILLE 1280 SW 36 Ave #301 Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD SICLARE, JOSEPH 1280 S.W. 36TH AVENUE, SUITE #301 POMPAÑO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD SIEGEL, SID 1280 SW 36 Ave #301 Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D SIDNEY, SIEGEL 1280 SW 36 AVE. #301 POMPAÑO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD TERNER, ROBERT 1280 SW 36 Ave #301 Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D INGRASSIA, MARION 1280 SW 36 Ave #301 Pompano Beach, FL 33069 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D INGRASSIA, MARION 1280 SW 36 Ave #301 Pompano Beach, FL 33069	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Stephen Siegel</i></u> 4/6/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					