

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90250 006 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                                                                     |                                                                                                                                                                                     |                                                                                      |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 728860</b><br>1. Entity Name<br>PALM-AIRE COUNTRY CLUB CONDOMINIUM<br>ASSOCIATION NO. 5, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                                                                     |                                                                                                                                                                                     |     |                                                                              |
| Principal Place of Business<br>1280 S.W. 36TH AVENUE, SUITE #301<br>POMPANO BEACH, FL 33069                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                                                                     | Mailing Address<br>1280 S.W. 36TH AVENUE, SUITE #301<br>POMPANO BEACH, FL 33069                                                                                                     |                                                                                      |                                                                              |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                                     | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country                                                                           |                                                                                      |                                                                              |
| 4. FEI Number<br>59-1565183                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                              |                                                                                      |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      |                                                                                     | \$8.75 Additional<br>Fee Required                                                                                                                                                   |                                                                                      |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br>BAKALAR, BROUGH, & CHADROW, P.A.<br>150 S. PINE ISLAND RD. #540<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City                      FL                      Zip Code |                                                                                      |                                                                              |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                                     |                                                                                                                                                                                     |                                                                                      |                                                                              |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                                     |                                                                                                                                                                                     |                                                                                      |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                     | <b>\$5.00 May Be<br/>Added to Fees</b>                                               |                                                                              |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                                                                                     |                                                                                                                                                                                     |                                                                                      |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                        |                                                                                      |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>WITTE, SUZAN<br>1280 SW 36 AVE #301<br>POMPANO BEACH, FL 33069                | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                      | VPD<br>ESERMAN, CLIFTON W.<br>1280 SW 36TH AVE. #301<br>POMPANO BCH - FL - 33069     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>TERNER, ROBERT<br>1280 SW 36 AVE #301<br>POMPANO BEACH, FL 33069                | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                      | PD<br>ABRAHAMS, JACK<br>1280 SW 36TH AVE. #301<br>POMPANO BCH. FL. 33069             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>HYMAN, NEVILLE<br>1280 SW 36 AVE #301<br>POMPANO BEACH, FL 33069               | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                      | SD<br>BEAUPRE, CELESTE<br>1280 SW 36TH AVE. #301<br>POMPANO BCH. FL. 33069           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>ABRAHAMS, JACK<br>1280 S.W. 36TH AVENUE, SUITE #301<br>POMPANO BEACH, FL 33069 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                      | TD<br>GIBREE, WALTER<br>1280 S.W. 36TH AVENUE, SUITE #301<br>POMPANO BEACH, FL 33069 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>GIBREE, WALTER<br>1280 S.W. 36TH AVENUE, SUITE #301<br>POMPANO BEACH, FL 33069 | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                      | D<br>SIEGEL, SIDNEY M.<br>1280 SW 36TH AVE. #301<br>POMPANO BCH - FL - 33069         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>INGRASSIA, MARION<br>1280 SW 36 AVE. #301<br>POMPANO BEACH, FL 33069            | <input checked="" type="checkbox"/> Delete                                          |                                                                                                                                                                                     |                                                                                      |                                                                              |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                                                                                      |                                                                                     |                                                                                                                                                                                     |                                                                                      |                                                                              |
| <b>SIGNATURE:</b> <i>John L. Baker</i> President <i>March 21/2006</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      |                                                                                     |                                                                                                                                                                                     |                                                                                      |                                                                              |

RUN DATE: 3/16/06  
RUN TIME: 9:42 AM

# ATTACHMENT

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PALM-AIRE COUNTRY CLUB CONDO ASSOCIATION NO. 5  
BOARD/COMMITTEE MEMBERS REPORT AS OF 03/16/06

| NAME/ADDRESS                                                         | TITLE/E-MAIL                 | WORK/FAX     | HOME/CELL                    | TERM EXPIRATION |
|----------------------------------------------------------------------|------------------------------|--------------|------------------------------|-----------------|
| CLASS: PRESIDENT                                                     |                              |              |                              |                 |
| JACK ABRAHAMS<br>555 OAKS LANE # 303<br>POMPANO BEACH FL 33069       | lojac31@aol.com              | 954-974-8658 | 954-971-8602                 |                 |
| CLASS: VICE-PRESIDENT                                                |                              |              |                              |                 |
| Clifton W. Eszerman<br>575 OAKS LANE # 801<br>POMPANO BEACH FL 33069 |                              |              | 954-973-9977                 |                 |
| CLASS: SECRETARY                                                     |                              |              |                              |                 |
| Celeste Beaupre<br>565 OAKS LANE # 402<br>POMPANO BEACH FL 33069     |                              | 703-294-6141 | 954-973-4444                 |                 |
| CLASS: TREASURER                                                     |                              |              |                              |                 |
| WALTER GIBREE<br>545 OAKS LANE # 410<br>POMPANO BEACH FL 33069       |                              |              | 954-973-7046                 |                 |
| CLASS: DIRECTOR                                                      |                              |              |                              |                 |
| SIDNEY M. SIEGEL<br>605 OAKS DRIVE # 101<br>POMPANO BEACH FL 33069   | sidsiegel@yahoo.com          |              | 954-974-6511<br>954-401-2673 |                 |
| MR. ROBERT TURNER<br>545 OAKS LANE # 409<br>POMPANO BEACH FL 33069   |                              |              | 954-972-1049                 |                 |
| SUZAN WITTE ✓<br>605 OAKS DRIVE # 608<br>POMPANO BEACH FL 33069      | DIRECTOR<br>Susan605@aol.com |              | 954-935-9247                 |                 |