

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

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 POMPANO BEACH, FL 33069	Mailing Address 1280 S.W. 36TH AVENUE, SUITE #301 POMPANO BEACH, FL 33069
---	---

DO NOT WRITE IN THIS SPACE



03192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1565183	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$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
--

**DO NOT WRITE
IN THIS SPACE**

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.

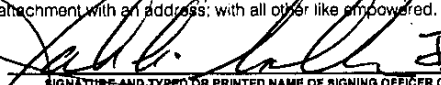
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000677133 03/30/07-80095-009 61.25
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ESERMAN, CLIFTON W 1280 SW 36 AVE #301 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERNER, ROBERT 1280 SW 36 AVE #301 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABRAHAMS, JACK 1280 SW 36 AVE #301 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEAUPRE, CELESTE 1280 S.W. 36TH AVENUE, SUITE #301 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIBREE, WALTER 1280 S.W. 36TH AVENUE, SUITE #301 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, SIDNEY M 1280 SW 36TH AVE., #301 POMPANO BEACH, FL 33069

**DO NOT WRITE
IN THIS SPACE**

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 the 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:  **Jack A. Abrahams** **Mar 20/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #