2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728860

PA



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91461 006 ****61.25

FILED

Entity Name ALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION N 5, INC.					
ncipal Place of Business	Mailing Address	*201			

O. D. INC.	•					1	E TES							
1280 S.W. 36TH AVENUE. SUITE #301 1280 S.			ailing Address 0 S.W. 36TH AVENUE, SUITE #301 MPANO BEACH FL 33069					٠						
2. Principal F	Place of Busin	ess	3. Mail	ing Address		 , .								
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Suite, Apt. #, etc. Suite, A			te, Apt. #, etc.	e, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES							
City & State C			City	City & State			39 1303 103					oplied For ot Applicable		
Zip		Country	Zip		Cou	intry		5. Cer	tificate of Stat	us Desired		\$8.75 Add		
	6. Name	and Address of Current	Registere	d Agent				7. Nar	ne and Addre	ss of New R	egistered	Agent		
					٠٠ -	Name	Ba,k	ka]lar	,Brough	_&_Chad	row,P	.A.	-1	
	N, DR. LEOI				•		ddress (F	P.O. Box	Number is No	t Acceptable)			
		NUE, SUITE #301												
PUMPAN	O BEACH F	L 33069					150 5	S Pin	e Islan	d Rd #5	40			
•		··· 1				City	Plant	tatio	m i		FI	Zip Cod 3332		
		submits this statement fo	r the purpo	ose of changing its	registere	ed office o				e State of Flo	rida. I am			
the obligat	tions of regist	ered agent.								1	,			
SIGNATURE .		ar,Brough & Ch			0070	EUS.	CHAC	Pow	, ESD	<u> </u>	03			
	Signature, typed	or printed name of registered agent a	and title if appl	icable. (NOTI	:: Registere	d Agent signat	ture required	when reinsta	ating)		DATE			
7														
I	FILE NOW	: FEE IS \$61.25		9. Election Can Trust Fund C	_	_		\$5.00 Added to	May Be o Fees			ck Payable rtment of \$		
10.		OFFICERS AND DIF	RECTORS		11.		Α	DDITIO	VS/CHANGES	TO OFFICE	RS AND D	DIRECTORS IN	l 10 .	
TITLE	VPD			☐ Delete	TITLE		<u> </u>					☐ Change	Addition	
NAME	FLAX, PAS		****		NAM	Ē								
		36TH AVENUE, SUITE	#301			ET ADDRESS	ļ						ļ	
CITY-ST-ZIP	D	BEACH FL 33069			CITY	-ST-ZIP 	<u> </u>							
TITLE	GOLDSTEI			☐ Delete	TITLE							☐ Change	☐ Addition	
NAME STREET ADDRESS		36TH AVENUE, SUITE	#301		NAM STRE	ET ADDRESS	ł							
CITY-ST-ZIP		BEACH FL 33069				-ST-ZIP								
TITLE -	SD			Delete	~ ~TITLE					-		Change	Addition	
NAME		ERNARD M			NAM	Ē	ĺ		•	s, +		· ·	_	
STREET ADDRESS		6 AVE #301				et address								
CITY-ST-ZIP		BEACH FL 33069			CITY	-ST-ZIP				·				
TITLE	PD	LEONADD OD		☐ Delete	TITLE						•	Change	Addition (
NAME STREET ADDRESS		Leonard Dr. 36th Avenue, Suite	#301		NAM	ET ADDRESS								
CITY-ST-ZIP		BEACH FL 33069	#001			ST-ZIP	ļ						}	
TITLE	TD			☐ Delete	TITLE		 -	_				☐ Change	Addition	
NAME	SICLARE,	IOSEPH		- Dolete	NAME		•							
STREET ADDRESS		36TH AVENUE, SUITE	#301		STRE	ET ADDRESS	[
CITY-ST-ZIP	POMPANO	BEACH FL 33069			CITY	ST-ZIP								
TITLE				☐ Delete	TITLE							☐ Change	Addition	
NAME		•			NAME		Sid	ney	Siegel	"00"				
STREET ADDRESS						ET ADDRESS	128	O SW	36 Ave	#301	60			
CITY-ST-ZIP	<u> </u>	<u></u>			CHY-	·ST-ZIP	l Low	ipano	Beach,	FL 330	צס			

12. I hereby certify that the information supplied with this filling 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: