

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **736371** (6)

1. Corporation Name
PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION N O. 7, INC.



Principal Place of Business: **3500 GATEWAY DR. POMPANO BEACH FL 33069-3005**
Mailing Address: **3500 GATEWAY DR. POMPANO BEACH FL 33069-3005**

3. Date Incorporated or Qualified: **07/13/1976**
3a. Date of Last Report: **03/15/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1702482	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOYER, ROBERT J.
3500 GATEWAY DR #202
POMPANO BEACH FL 33069

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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: *Robert J. Moyer* (NOTE: Registered Agent signature required when reinstating) DATE: **2/5/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	D	<input type="checkbox"/> DELETE
NAME	EPSTEEN, EARL	
STREET ADDRESS	3500 GATEWAY DR. #202	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	WEINER, DR. EARL	
STREET ADDRESS	3500 GATEWAY DR. #202	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOYER, ROBERT	
STREET ADDRESS	229 SOUTH POMPANO PKWY	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMBERG, MAURY	
STREET ADDRESS	3500 GATEWAY DR #202	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ASSAEL, AL	
STREET ADDRESS	3500 GATEWAY DR #202	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARONSON, MORRIS	
STREET ADDRESS	2500 GATEWAY DR #202	
CITY-ST-ZIP	POMPANO BCH FL	

1.1 TITLE	T T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARVEY ENGEL	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Robert J. Moyer* **Robert J. Moyer** DATE: **2/5/96** PHONE: **974-957-5858**

CR2E037 (12/95)

ADDITIONAL BOARD MEMBERS

SAUL RIPPS DIRECTOR
3500 GATEWAY DR. #202
POMPANO BEACH, FL. 33069

SIDNEY KIRSHMAN DIRECTOR
3500 GATEWAY DRIVE, #202
POMPANO BEACH, FL. 33069

HAROLD STRAUSS DIRECTOR
3500 GATEWAY DRIVE, #202
POMPANO BEACH, FL. 33069