

**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.		<b>59-1702482</b>	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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EPSTEEN, EARL</b>	1.2 NAME	
STREET ADDRESS	<b>3500 GATEWAY DR. #202</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEINER, DR. EARL</b>	2.2 NAME	<b>S HARVEY ENGEL</b>
STREET ADDRESS	<b>3500 GATEWAY DR. #202</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOYER, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>229 SOUTH POMPANO PKWY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMBERG, MAURY</b>	4.2 NAME	<b>VP</b>
STREET ADDRESS	<b>3500 GATEWAY DR #202</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASSAEL, AL</b>	5.2 NAME	
STREET ADDRESS	<b>3500 GATEWAY DR #202</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARONSON, MORRIS</b>	6.2 NAME	
STREET ADDRESS	<b>2500 GATEWAY DR #202</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	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** 2/5/96 974-957-5858

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