


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736371

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
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/13/1976
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1702482
23 City & State	27 City & State	Applied For Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	30 Country
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **HAROLD STRAUSS**

82 Street Address (P.O. Box Number is Not Acceptable)
3500 GATEWAY DR #202

83

84 City **POMPANO BEACH FL** 85 Zip Code **33069**

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 *[Signature]* DATE _____

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

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	EPSTEEN, EARL	
STREET ADDRESS	3500 GATEWAY DR. #202	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ENGEL, HARVEY	
STREET ADDRESS	3500 GATEWAY DR. #202	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOYER, ROBERT	
STREET ADDRESS	229 SOUTH POMPANO PKWY	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VP	<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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HAROLD STRAUSS
3.3 STREET ADDRESS	3500 GATEWAY DR #202
3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069
4.1 TITLE	<input 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* **REINSTATED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

Date Daytime Phone #

CR2E037 (11/98)