

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 01, 2002 8:00 am
Secretary of State

03-24-2002 90088 021 ****61.25

DOCUMENT # 736371

1. Entity Name

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

Principal Place of Business

Mailing Address

3500 GATEWAY DR.
 POMPANO BEACH FL 33069-3005

3500 GATEWAY DR.
 POMPANO BEACH FL 33069-3005

25892



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1702482

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRAUSS, HAROLD
 3500 GATEWAY DR #202
 POMPANO BEACH FL 33069

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **FUENTES, ARMANDO**
 STREET ADDRESS **3500 GATEWAY DR. #202**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **VD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **STRAUSS, HAROLD**
 STREET ADDRESS **3500 GATEWAY DR. #202**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **LAMBERG, MAURY**
 STREET ADDRESS **3500 GATEWAY DR #202**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **VVD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **ASSAEL, AL**
 STREET ADDRESS **3500 GATEWAY DR #202**
 CITY-ST-ZIP **POMPANO BCH FL**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **NEWMAN, EVELYN**
 STREET ADDRESS **3500 GATEWAY DRIVE #202**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PODOLSKY, JERRY**
 STREET ADDRESS **3500 GATEWAY DR. #202**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **TD** Change Addition
 NAME **ROBERT SCHWARTZ**
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02
 Date

954-968-4481
 Daytime Phone #

CR2E037 (9/01)

Harold Strauss

4-14-02 954-918-11481