


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90007 016 ****61.25

DOCUMENT # 736371 1. Entity Name PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO. 7, INC.					
Principal Place of Business 3500 GATEWAY DR. POMPANO BEACH, FL 33069-3005			Mailing Address 3500 GATEWAY DR. POMPANO BEACH, FL 33069-3005		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		24U1040J	
City & State		City & State		07122004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1702482		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Name and Address of Current Registered Agent STRAUSS, HAROLD 3500 GATEWAY DR #202 POMPANO BEACH, FL 33069	
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD FUENTES, ARMANDO 3500 GATEWAY DR. #202 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAUSS, HAROLD 3500 GATEWAY DR. #202 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD LAMBERG, MAURY 3500 GATEWAY DR #202 POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S EVELYN NEWMAN</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>4031 N. CYPRESS DR. #105</i> <i>POMPANO BCH. FL. 33069</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ASSAEL, AL 3500 GATEWAY DR #202 POMPANO BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWARTZ, ROBERT 3500 GATEWAY DRIVE #202 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PODOLSKY, JERRY 3500 GATEWAY DR. #202 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 8/3/04 Daytime Phone #		