
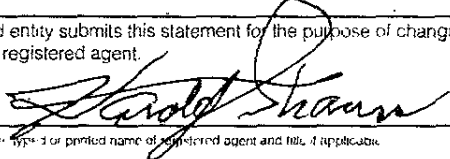
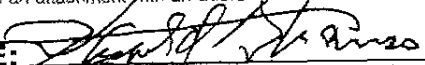


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 736371</b>			
<b>1. Entity Name</b> PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO. 7, INC.			
<b>Principal Place of Business</b> 3500 GATEWAY DR. POMPANO BEACH FL 33069-3005		<b>Mailing Address</b> 3500 GATEWAY DR. POMPANO BEACH FL 33069-3005	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. FEI Number</b> 59-1702482		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
STRAUSS, HAROLD 3500 GATEWAY DR #202 POMPANO BEACH FL 33069		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
<b>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.</b>			
SIGNATURE 		DATE 2/6/06	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	1VD	TITLE	
NAME	FUENTES, ARMANDO	NAME	
STREET ADDRESS	3500 GATEWAY DR. #202	STREET ADDRESS	U00000508485
CITY - ST - ZIP	POMPANO BEACH FL 33069	CITY - ST - ZIP	04/28/06-80006-018 61.25
TITLE	PD	TITLE	
NAME	STRAUSS, HAROLD	NAME	
STREET ADDRESS	3500 GATEWAY DR. #202	STREET ADDRESS	
TITLE	S	TITLE	
NAME	NEWMAN, EVELYN	NAME	
STREET ADDRESS	4031 N. CYPRESS DRIVE #105	STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33069	CITY - ST - ZIP	
TITLE	AS	TITLE	
NAME	ASSAEL, AL	NAME	
STREET ADDRESS	3500 GATEWAY DR #202	STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH FL	CITY - ST - ZIP	
TITLE	TD	TITLE	
NAME	SCHWARTZ, ROBERT	NAME	
STREET ADDRESS	3500 GATEWAY DRIVE #202	STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33069	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	PODOLSKY, JERRY	NAME	
STREET ADDRESS	3500 GATEWAY DR. #202	STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33069	CITY - ST - ZIP	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.</b>			
SIGNATURE: 		HAROLD STRAUSS 2/6/06 94-968-4382	



1st MOORE CR2E037 (10/05)

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16.70  
16.71  
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*[Handwritten scribble]*