


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 24, 2007 8:00 am**  
**Secretary of State**

08-24-2007 90025 036 \*\*\*\*61.25

<b>DOCUMENT # 736371</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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>STRAUSS, HAROLD 3500 GATEWAY DR #202 POMPANO BEACH FL 33069</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P O Box Number is Not Acceptable)		Street Address (P O Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	



2nd MOORE CR2E037 (4/07)

4. FEI Number <b>59-1702482</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>FILE NOW: FEE IS \$61.25 Due By September 5, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VD FUENTES, ARMANDO 3500 GATEWAY DR. #202 POMPANO BEACH FL 33069</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FLOYD STEWART 3500 GATEWAY DR #202 POMPANO BEACH, FL 33069</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STRAUSS, HAROLD 3500 GATEWAY DR. #202 POMPANO BEACH FL 33069</b> <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	<b>S NEWMAN, EVELYN 4031 N. CYPRESS DRIVE #105 POMPANO BEACH FL 33069</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS ASSAEL, AL 3500 GATEWAY DR #202 POMPANO BCH FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SCHWARTZ, ROBERT 3500 GATEWAY DRIVE #202 POMPANO BEACH FL 33069</b> <input checked="" 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	<b>D PODOLSKY, JERRY 3500 GATEWAY DR. #202 POMPANO BEACH FL 33069</b> <input checked="" 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 exemptions contained in Chapter 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.

**SIGNATURE:** *Harold Strauss Pres* 7/31/07