

FILE NOW: FILING FEE IS \$61.25

499.172

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741597 (9)

1. Corporation Name

PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION N O. 9, INC.



Principal Place of Business

Mailing Address

**3500 GATEWAY DRIVE # 202
POMPANO BEACH FL 33069**

**3500 GATEWAY DRIVE # 202
POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified **02/13/1978** 3a. Date of Last Report **02/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number **59-1823918** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISAACS, MALCOLM
3500 GATEWAY DRIVEWAY
SUITE 202
POMPANO BEACH FL 33069**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97

TITLE	T	<input type="checkbox"/> DELETE
NAME	GOLDBERG, JOSEPH	
STREET ADDRESS	3500 GATEWAY DR. #202	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURBRIDGE, GILBERT	
STREET ADDRESS	3500 GATEWAY DR. #202	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHENKER, HAROLD	
STREET ADDRESS	3500 GATEWAY DR. #202	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEICH, MILDRED	
STREET ADDRESS	3500 GATEWAY DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FINK, SYLVIA	
STREET ADDRESS	3500 GATEWAY DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, LOUIS	
STREET ADDRESS	3500 GATEWAY DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL	

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 checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	RIEK ROMAN
2.4 CITY-ST-ZIP	3500 GATEWAY DR. POMPANO BEACH FL 33069
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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3-20-96

SIGNATURE: *Malcolm S. Isaacs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

954-968-4481
Telephone #

CR2E037 (12/95)

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ADDITIONAL BOARD MEMBERS

MALCOLM ISAACS PRESIDENT
3500 GATEWAY DRIVE #202
POMPANO BEACH, FL. 33069

AL RITTER DIRECTOR
3500 GATEWAY DRIVE, #202
POMPANO BEACH, FLORIDA 33069

NED LOCKMAN DIRECTOR
3500 GATEWAY DRIVE, #202
POMPANO BEACH, FL. 33069