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FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 330693500 GATEWAY DRIVE # 202
POMPANO BEACH FL 33069-48703. Date Incorporated or Qualified
02/13/19783a. Date of Last Report
03/20/19964. FEI Number
59-1823918Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME GOLDBERG, JOSEPH
STREET ADDRESS 3500 GATEWAY DR. #202
CITY-ST-ZIP POMPANO BEACH FL1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME MALCOLM ISAACS
1.3 STREET ADDRESS 3500 GATEWAY DR #202
1.4 CITY-ST-ZIP POMPANO BCH, FLA 33069TITLE ☐ DELETE
NAME D
STREET ADDRESS ROMAN, RICK
CITY-ST-ZIP 3500 GATEWAY DR.
POMPANO BEACH FL 330692.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME NED LOCKMAN
2.3 STREET ADDRESS 3500 GATEWAY DR #202
2.4 CITY-ST-ZIP POMPANO BCH, FLA 33069TITLE ☐ DELETE
NAME D
STREET ADDRESS SHENKER, HAROLD
CITY-ST-ZIP 3500 GATEWAY DR. #202
POMPANO BEACH FL3.1 TITLE DIRECTOR ☐ Change ☒ Addition
3.2 NAME ALLAN RITTER
3.3 STREET ADDRESS 3500 GATEWAY DR #202
3.4 CITY-ST-ZIP POMPANO BCH, FLA 33069TITLE ☒ DELETE
NAME D
STREET ADDRESS TEICH, MILDRED
CITY-ST-ZIP 3500 GATEWAY DRIVE
POMPANO BEACH FL4.1 TITLE DIRECTOR ☐ Change ☒ Addition
4.2 NAME SAM FRANK
4.3 STREET ADDRESS BOB CYPRESS BLVD #402
4.4 CITY-ST-ZIP POMPANO BEACH, FL 33069TITLE ☐ DELETE
NAME VD
STREET ADDRESS FINK, SYLVIA
CITY-ST-ZIP 3500 GATEWAY DRIVE
POMPANO BEACH FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME ASD
STREET ADDRESS GOLDBERG, LOUIS
CITY-ST-ZIP 3500 GATEWAY DRIVE
POMPANO BEACH FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0025876

CR2E037 (9/96)