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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741597

1. Corporation Name

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

Principal Place of Business
 3500 GATEWAY DRIVE # 202
 POMPANO BEACH FL 33069

Mailing Address
 3500 GATEWAY DRIVE # 202
 POMPANO BEACH FL 33069



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/13/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1823918	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

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			85 Zip Code
			FL				

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	ISAACS, MALCOLM
NAME	GOLDBERG, JOSEPH	1.2 NAME	3500 GATEWAY DR. #202
STREET ADDRESS	3500 GATEWAY DR. #202	1.3 STREET ADDRESS	POMPANO BEACH, FL 33069
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	* PRESIDENT
TITLE	D	2.1 TITLE	
NAME	ROMAN, RICK	2.2 NAME	
STREET ADDRESS	3500 GATEWAY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SHENKER, HAROLD	3.2 NAME	
STREET ADDRESS	3500 GATEWAY DR. #202	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FRANK, SAM	4.2 NAME	
STREET ADDRESS	808 CYPRESS BLVD., #402	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	FINK, SYLVIA	5.2 NAME	
STREET ADDRESS	3500 GATEWAY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	ASD	6.1 TITLE	
NAME	GOLDBERG, LOUIS	6.2 NAME	
STREET ADDRESS	3500 GATEWAY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Malcolm Isaacs* 1/7/99 (954) 968-4481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)