

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90170 024 ****61.25

DOCUMENT # 741597

1. Entity Name

PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION N

Principal Place of Business

Mailing Address

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

**3500 GATEWAY DRIVE # 202
 POMPAÑO BEACH FL 33069-4870**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1823918

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Malcolm L. Isaacs

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/2000

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T Delete
 NAME **GOLDBERG, JOSEPH**
 STREET ADDRESS **3500 GATEWAY DR. #202**
 CITY-ST-ZIP **POMPAÑO BEACH FL**

Change Addition

D Delete
 NAME **ROMAN, RICK**
 STREET ADDRESS **3500 GATEWAY DR.**
 CITY-ST-ZIP **POMPAÑO BEACH FL 33069**

Change Addition

D Delete
 NAME **SHENKER, HAROLD**
 STREET ADDRESS **3500 GATEWAY DR. #202**
 CITY-ST-ZIP **POMPAÑO BEACH FL**

Change Addition

D Delete
 NAME **FRANK, SAM**
 STREET ADDRESS **808 CYPRESS BLVD., #402**
 CITY-ST-ZIP **POMPAÑO BEACH FL**

Change Addition

VD Delete
 NAME **FINK, SYLVIA**
 STREET ADDRESS **3500 GATEWAY DRIVE**
 CITY-ST-ZIP **POMPAÑO BEACH FL**

VS Change Addition
 NAME **IRVING CORWIN**
 STREET ADDRESS **3500 GATEWAY DRIVE #202**
 CITY-ST-ZIP **POMPAÑO BEACH, FL 33069**

P Delete
 NAME **ISAACS, MALCOLM**
 STREET ADDRESS **3500 GATEWAY DR #202**
 CITY-ST-ZIP **POMPAÑO BEACH FL 33069**

Change Addition

12. 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 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:

Malcolm L. Isaacs **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/7/2000

Daytime Phone #

CR2E037 (9/99)