

FILED
May 28, 2002 8:00 am
Secretary of State

03-29-2002 91412 031 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741597

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1823918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

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

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

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

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

VS D ☐ Delete
 NAME CORWIN, IRVING
 STREET ADDRESS 3500 GATEWAY DRIVE #202
 CITY-ST-ZIP POMPANO BEACH FL 33069

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

☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
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 CITY-ST-ZIP

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 Isaacs REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Daytime Phone #

CR2E037 (9/01)