FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 750126 (5)

1. Corporation Name

MEN'S GOLF ASSOCIATION OF PALM AIRE, INC.

Principal Place of Business	Mailing Address
C/O AL SEGAL 545 OAKS LANE #110 POMPANO BEACH FL 33069 CHANGED	C/O AL SEGAL 545 OAKS LANE #110 POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: 12/10/1979
3a. Date of Last Report: 01/23/1995

2. Principal Place of Business
21 C/O CHARLES H. SINGER
22 Suite, Apt. #, etc.: 535 OAKS DRIVE #302
23 City & State: POMPANO BEACH, FLORIDA
24 Zip: 33069
25 Country: U.S.A.

2a. Mailing Address
26 C/O CHARLES H. SINGER
27 Suite, Apt. #, etc.: 535 OAKS DRIVE #302
28 City & State: POMPANO BEACH, FLORIDA
29 Zip: 33069
30 Country: U.S.A.

4. FEI Number: 59-2129792 ☐ 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

GORA, MICHAEL H.
3045 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EMMER, LEON 545 OAKS LANE POMPANO BEACH FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD SILVER, BILL 3960 OAKS CLUBHOUSE DR. POMPANO BEACH, FL 33069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SILVER, BILL 3960 OAKS CLUBHOUSE DR. POMPANO BCH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD GOLD, JACK 3001 SO. COURSE DR POMPANO BEACH, FL 33069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOLD, JACK 3001 S. COURSE DR. POMPANO BEACH FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD LANG, SID 3010 NO. COURSE DR POMPANO BEACH, FL 33069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SEGAL, AL. 545 OAKS LANE #110 POMPANO BCH FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD SINGER, CHARLES H. 535 OAKS DRIVE #302 POMPANO BEACH, FL 33069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Charles H. Singer CHARLES H. SINGER JAN. 25, 1996 305-974-7799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #