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

NONPROFIT *`CORPORATION* ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90014 013 \*\*\*\*61.25

**FILED** 

1999

**DOCUMENT # 750126** 1. Corporation Name

MEN'S	GOLF	<b>ASSOCIATION</b>	OF	PALM	AIRE,	INC

rincipal Flace of Business : CHARLES H. SINGER -- OAKS DRIVE 302 .... BEACH FL 33069

Mailing Address C/O CHARLES H. SINGER 535 OAKS DRIVE 302 POMPANO BEACH FL 33069

|--|--|--|--|--|

Principal Place of Business		2a. Mailing A	2a. Mailing Address		3. Date Inco 12/10/	orporated or Qualifed 1979				
Suite, Apt. #, et	С.	Suite, Ap	#, etc.		4. FEI Num 59-212			Applied For		
27		ate			e of Status Desired		\$8.75 Additional Fee Required			
Zip	Country 25	Zip Country 29 30			Campaign Financing   nd Contribution		\$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
			8-	Name						
GORA, MICHAEL H.				82 Street Address (P.O. Box Number is Not Acceptable)						
3045 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33306			83	3						
			84	City			FL 85	Zip Code		

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, typed or printed name of registered agent and title if applicab	le. (NOTE Re	gistered Agent signature i		DATE	·		
	OFFICERS AND DIRECTOR	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
	PD	☐ DELETE	1,1 TITLE	1		. [] Change	Addition	
_	GOLD, JACK		1.2 NAME		***			
CAUDHESS	3001 S COURSE DR		1.3 STREET ADDRESS	•				
ST-ZIP	POMPANO BEACH FL 33069		1.4 CITY-ST-ZIP		· · · · _			
	VPD	DELETE	2.1 TITLE	VPD		Change	☐ Addition	
-	SMALLER, SAM		2.2 NAME	MARTIN FORBEST			}	
_1 ALXINESS	3090 N COURSE DR		2.3 STREET ADDRESS	2681 S. Course Dr.				
ST-ZIP	POMPANO BEACH FL 33069		2. 4 CITY-ST-ZIP	POMPANO BEACH, F	1 33069	<u> </u>		
	SD	DELETE	3.1 TITLE	SD		Change	☐ Addition	
	MIRMAN, CARL		3.2 NAME	MARTIN FORREST				
_ I AUNINESS	3010 N. COURSE DRIVE	'	3.3 STREET ADDRESS	2681 S. COUPSE DR			Ì	
ST-ZIP	POMPANO BEACH FL		3.4. CITY-ST-ZIP	POMPANO BEACH FL	33069			
	TD	DELETE	4.1 TITLE	-1		Change	Addition	
	SINGER, CHARLES H.	i	4. 2 NAME					
_: AUGRECES	535 OAKS DRIVE 302		4.3 STREET ADDRESS		•		,	
ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP					
		☐ DELETE	5.1 TITLE		÷	Change	☐ Addition	
. }			5.2 NAME		•		ŀ	
_1 AUDATLSS			5.3 STREET ADDRESS					
ST ZIP			5.4 CITY-ST-ZIP	`				
Ī		DELETE	6.1 TITLE			☐ Change	☐ Addition	
			6.2 NAME		-			
I ALKING 1			6.3 STREET ADDRESS	1	•			
ST-ZIP			6.4 CITY-ST-ZIP	<u> </u>				

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 the receiver or trustee empowered.