2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# N11328

Entity Name: PALM-AIRE COUNTRY CLUB AT SARASOTA, INC.

Current Principal Place of Business:

5601 COUNTRY CLUB WAY
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

5601 COUNTRY CLUB WAY
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 59-2662531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABEL, BAND, RUSSELL, COLLIER, GORDON & PITCHFORD
240 S PINEAPPLE AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LACEY, WILLIAM R	
Address:	5601 COUNTRY CLUB WAY	
City-St-Zip:	SARASOTA, FL 34243	
Title:	SD	( ) Delete
Name:	HEERMAN, WILLIAM	
Address:	5601 COUNTRY CLUB WAY	
City-St-Zip:	SARASOTA, FL 34243	
Title:	VPD	( ) Delete
Name:	SEMILOF, DUKE	
Address:	5601 COUNTRY CLUB WAY	
City-St-Zip:	SARASOTA, FL 34243	
Title:	TD	( ) Delete
Name:	CELLA, ANTHONY A	
Address:	5601 COUNTRY CLUB WAY	
City-St-Zip:	SARASOTA, FL 34243	
Title:	D	( ) Delete
Name:	SELIGMAN, HAROLD	
Address:	5601 COUNTRY CLUB WAY	
City-St-Zip:	SARASOTA, FL 34243	
Title:	D	( ) Delete
Name:	EARLY, ROBERT	
Address:	5601 COUNTRY CLUB WAY	
City-St-Zip:	SARASOTA, FL 34243	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY A CELLA TD 01/17/2008
Electronic Signature of Signing Officer or Director — Date