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 # **748219** **(3)**

1. Corporation Name

PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION N O. 11, INC.

Principal Place of Business	Mailing Address
1280 SW 36TH AVE. SUITE 301 POMPANO BEACH FL 33069-3005	1280 SW 36TH AVE. SUITE 301 POMPANO BEACH FL 33069-3005

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified 07/26/1979	3a. Date of Last Report 04/19/1995
4. FEI Number 59-1927508	☐ 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

POLIAKOFF, GARY A., ESQ.
3111 STERLING RD.
FT. LAUDERDALE FL 33312

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 _____ (Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when filing this report) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	TD	☒ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GREEN, EDWARD		12 NAME	
STREET ADDRESS	1280 SW 36TH AVE. SUITE 301		13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069		14 CITY-ST-ZIP	
TITLE	P	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, PAUL		22 NAME	
STREET ADDRESS	1280 SW 36TH AVE. SUITE 301		23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069		24 CITY-ST-ZIP	
TITLE	T	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BECHER, ELI		32 NAME	
STREET ADDRESS	1280 SW 36TH AVE. SUITE 301		33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33069		34 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	WILENS, PHILIP		42 NAME	
STREET ADDRESS	1280 SW 36TH AVE. SUITE 301		43 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33069		44 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	GALVIN, SAM		52 NAME	
STREET ADDRESS	1280 SW 36TH AVE. SUITE 301		53 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	COHEN, DAVID		62 NAME	
STREET ADDRESS	1280 SW 36TH AVE. SUITE 301		63 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069		64 CITY-ST-ZIP	

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: X _____ 4/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)