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FILED

Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 33069-30051280 SW 36TH AVE.  
SUITE 301  
POMPANO BEACH FL 33069-48683. Date Incorporated or Qualified  
07/26/19793a. Date of Last Report  
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE P ☐ DELETENAME NEWMAN, PAUL  
STREET ADDRESS 1280 SW 36TH AVE. SUITE 301  
CITY-ST-ZIP POMPANO BEACH FL 33069TITLE ~~BECKER, ELI~~ ☐ DELETENAME ~~BECKER, ELI~~  
STREET ADDRESS 1280 SW 36TH AVE. SUITE 301  
CITY-ST-ZIP POMPANO BCH FL 33069TITLE DS ☐ DELETENAME WILENS, PHILIP  
STREET ADDRESS 1280 SW 36TH AVE. SUITE 301  
CITY-ST-ZIP POMPANO BCH FL 33069TITLE ~~VP GALUN, SAM~~ ☐ DELETENAME ~~GALUN, SAM~~  
STREET ADDRESS 1280 SW 36TH AVE. SUITE 301  
CITY-ST-ZIP POMPANO BEACH FL 33069TITLE D ☒ DELETENAME COHEN, DAVID  
STREET ADDRESS 1280 SW 36TH AVE. SUITE 301  
CITY-ST-ZIP POMPANO BEACH FL 33069TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954  
- 969-1330  
Daytime Phone # 0025917

CR2E037 (9/96)