2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 27, 2002 8:00 am § Secretary of State **DOCUMENT # 732921** 1. Entity Name 03-27-2002 90062 032 ****61.25 PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION N O. 6. INC. Principal Place of Business Mailing Address 3500 GATEWAY DR. 3500 GATEWAY DR. SUITE 202 SUITE 202 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1641521 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KAPLAN, JACK 3500 GATEWAY DRIVE SUITE 202 City Zip Code POMPANO BEACH FL 33069 8. 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** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD □ Delete TITLE ☐ Addition NAME ROBERTS, SEYMOUR NAME STREET ADDRESS STREET ADDRESS CR2E037 3500 GATEWAY DR. #202 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Delete TITLE NAME Kaplan, Jack NAME STREET ADDRESS 3500 GATEWAY DR #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 TITLE D٧ ☐ Delete TITLE Change Change ☐ Addition NAME BRANDT, LARRY NAME STREET ADDRESS 3500 GATEWAY DR., #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 TITLE TITLE Change . Detete Addition NAME NELSON, MAX NAME STREET ADDRESS 3500 GATEWAY DR., #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Delete TITLE Change Addition A LED JANETIS NAME NAME STREET ADDRESS STREET ADDRESS Same Add: CITY-ST-ZIP CITY-ST-ZIP Philip Kaufman DR. #202 3500 GATEWAY DR. #202 Pmepano Beach 76 33009 TITLE ☐ Delete TITLE Change **Addition** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.