

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732921

**FILED**  
**Apr 12, 2023**  
**Secretary of State**  
**9943564427CC****Entity Name:** PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION  
NO. 6, INC.**Current Principal Place of Business:**C/O M&M PROPERTY MANAGEMENT, LLC  
1280 SW 36TH AVE #305  
POMPANO BEACH, FL 33069**Current Mailing Address:**C/O M&M PROPERTY MANAGEMENT, LLC  
1280 SW 36TH AVE #305  
POMPANO BEACH, FL 33069 US**FEI Number: 59-1641521****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**M & M PROPERTY MANAGEMENT, LLC  
1280 SW 36TH AVE #305  
POMPANO BEACH, FL 33069 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	BALE, DANIEL
Address	1280 SW 36 AVE #305
City-State-Zip:	POMPANO BEACH FL 33069

Title	VP
Name	PERRO, JEAN
Address	1280 SW 36TH AVE #305
City-State-Zip:	POMPANO BEACH FL 33069

Title	TD, TREASURER
Name	GAULDIN, CHRISTOPER
Address	1280 SW 36TH AVE #305
City-State-Zip:	POMPANO BEACH FL 33069

Title	SECRETARY
Name	FIELDER, LYNNE
Address	1280 SW 36TH AVE #305
City-State-Zip:	POMPANO BEACH FL 33069

Title	DIRECTOR
Name	BESSETTE, CONNI
Address	1280 SW 36TH AVE #305
City-State-Zip:	POMPANO BEACH FL 33069

Title	DIRECTOR
Name	LAMPRO, ERNEST
Address	1280 SW 36 AVE #305
City-State-Zip:	POMPANO BEACH FL 33069

Title	DIRECTOR
Name	STEINFELD, ROCHELLE
Address	1280 SW 36 AVE #305
City-State-Zip:	POMPANO BEACH FL 33069

Title	DIRECTOR
Name	LOUIS, SERGO
Address	1280 SW 36 AVE #305
City-State-Zip:	POMPANO BEACH FL 33069

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*I hereby 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 all other like empowered.*

**SIGNATURE: DANIEL BALE****PRESIDENT****04/12/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	CANNELLA, PAUL
Address	1280 SW 36 AVE SUITE 305
City-State-Zip:	POMPANO BEACH FL 33069