

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732921

**Entity Name:** PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION  
NO. 6, INC.**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC4048293471****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	GILMAN, STEPHEN J
Address	1280 SW 36TH AVE #305
City-State-Zip:	POMPANO BEACH FL 33069

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

Title	SD
Name	LEPAGE, MARY
Address	1280 SW 36TH AVE #305
City-State-Zip:	POMPANO BEACH FL 33069

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

Title	D
Name	NORTH, ARTHUR
Address	1280 SW 36TH AVE #305
City-State-Zip:	POMPANO BEACH FL 33069

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

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

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

**Continues on page 2**

*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: STEPHEN GILMAN****PRESIDENT****02/09/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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