

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 736371

**Entity Name:** PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO. 7, INC.

**FILED**  
**Aug 20, 2015**  
**Secretary of State**  
**CC0076468381**

**Current Principal Place of Business:**

C/O M&M PROPERTY MANAGEMENT  
1280 SW 36 AVENUE STE. 305  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

C/O M&M PROPERTY MANAGEMENT  
1280 SW 36 AVENUE STE. 305  
POMPANO BEACH, FL 33069 US

**FEI Number: 59-1702482**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MIRZA BASULTO & ROBBINS, LLP  
14160 NW 77 COURT  
STE. 22  
MIAMI LAKES, FL 33016 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: RUSSELL M. ROBBINS, ESQ.**

**08/20/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name EIDINGER, CHRISTOPHER  
Address 3500 GATEWAY DRIVE #202  
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR  
Name ASSAEL, AL  
Address 3500 GATEWAY DR. #202  
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR  
Name GALINKIN, SANDY  
Address 3500 GATEWAY DR.  
SUITE 202  
City-State-Zip: POMPANO BEACH FL 33069

Title PRESIDENT  
Name GASPARINI, GRAZIANO  
Address 3500 GATEWAY DR.  
SUITE 202  
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR  
Name HOOK, PAUL  
Address 3500 GATEWAY DR.  
SUITE 202  
City-State-Zip: POMPANO BEACH FL 33069

Title SECRETARY  
Name JENSEN, JACK  
Address 3500 GATEWAY DR.  
SUITE 202  
City-State-Zip: POMPANO BEACH FL 33069

Title TREASURER  
Name LATUFF, ANIBAL  
Address 3500 GATEWAY DR.  
SUITE 202  
City-State-Zip: POMPANO BEACH FL 33069

Title VP  
Name FUENTES, ARMANDO  
Address 3500 GATEWAY DR.  
SUITE 202  
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: GRAZIANO GASPARINI**

**PRESIDENT**

**08/20/2015**

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           ALVES, MAFALDA  
Address        3500 GATEWAY DR.  
                  SUITE 202  
City-State-Zip:  POMPANO BEACH FL 33069