

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750126

Entity Name: PALM AIRE MEN'S GOLF ASSOCIATION, INC.**Current Principal Place of Business:**PHILIP DIGENNARO
3609 DUNES VISTA DR.
POMPANO BEACH, FL 33069**Current Mailing Address:**PHILIP DIGENNARO
3609 DUNES VISTA DR.
POMPANO BEACH, FL 33069 US**FEI Number:** 59-2129792**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIGENNARO, PHILIP
3609 DUNES VISTA DR
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:** PHILIP DIGENNARO

01/17/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DVP
Name	DEGENNARO, PHILIP
Address	3609 DUNES VISTA DR
City-State-Zip:	POMPANO BEACH FL 33069

Title	DVP
Name	OSTROV, JACK
Address	625 OAKS DR APT #902
City-State-Zip:	POMPANO BEACH FL 33069

Title	DP
Name	SANTOMASSIMO, JAMES VINCENT
Address	1115 W CYPRESS DR
City-State-Zip:	POMPANO BEACH FL 33069

Title	D
Name	COHEN, ALAN S
Address	804 CYPRESS BLVD APT#303
City-State-Zip:	POMPANO BEACH FL 33069

Title	TD
Name	COLEMAN, J NORMAN
Address	3150 PALM AIRE DRIVE NORTH APT 703 POMPANO BEACH
City-State-Zip:	FL FL 33069

Title	DS
Name	CHERUP, MICHAEL
Address	608 W PALM AIRE DRIVE
City-State-Zip:	POMPANO BEACH FL 33069

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: J NORMAN COLEMAN

TREAS

01/17/2014

Electronic Signature of Signing Officer/Director Detail

Date