

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006852

**Entity Name:** PALM AIRE UNITED, INC.**Current Principal Place of Business:**3200 N COURSE LANE  
APT. 213  
POMPANO BEACH, FL 33069**Current Mailing Address:**PO BOX 669054  
POMPANO BEACH, FL 33066-9054 US**FEI Number:** 61-1602165**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DION, EDWARD A  
208 S.E. 6TH STREET  
FORT LAUDERDALE, FL 33301 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            | CORSON, LEE                       |
| Address         | 4112 PALM AIRE DRIVE WEST, #123 B |
| City-State-Zip: | POMPANO BEACH FL 33069            |

|                 |                           |
|-----------------|---------------------------|
| Title           | SECRETARY                 |
| Name            | WILSON, JEANIE            |
| Address         | 616 GARDENS DRIVE<br>#101 |
| City-State-Zip: | POMPANO BEACH FL 33069    |

|                 |                            |
|-----------------|----------------------------|
| Title           | TREASURER                  |
| Name            | SMITH, DARLENE             |
| Address         | 3200 N COURSE LANE<br>#213 |
| City-State-Zip: | POMPANO BEACH FL 33069     |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | DIRECTOR                          |
| Name            | ADAM, RUSSELL                     |
| Address         | 4015 W PALM AIRE DRIVE<br>APT 203 |
| City-State-Zip: | POMPANO BEACH FL 33069            |

|                 |                             |
|-----------------|-----------------------------|
| Title           | VP                          |
| Name            | MOSS, BARRY                 |
| Address         | 805 CYPRESS BLVD<br>APT 403 |
| City-State-Zip: | POMPANO BEACH FL 33069      |

|                 |                             |
|-----------------|-----------------------------|
| Title           | DIRECTOR                    |
| Name            | PATTERSON, WILLIAM          |
| Address         | PO BOX 669054               |
| City-State-Zip: | POMPANO BEACH FL 33066-9054 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | DIRECTOR                    |
| Name            | MONTALVO, DOM               |
| Address         | PO BOX 669054               |
| City-State-Zip: | POMPANO BEACH FL 33066-9054 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | DIRECTOR                    |
| Name            | COHEN, JAY                  |
| Address         | PO BOX 669054               |
| City-State-Zip: | POMPANO BEACH FL 33066-9054 |

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:** DARLENE SMITH

TREASURER

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date