2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 13, 2006 8:00 am **Secretary of State DOCUMENT # 712186** 1. Entity Name 02-13-2006 90017 030 ****61.25 PALM-AIRE COUNTRY CLUB APARTMENTS CONDOMINIUM, INC. Principal Place of Business Mailing Address 3500 GATEWAY DRIVE 3500 GATEWAY DRIVE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1161677 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COULAHAN, GEORGE J Street Address (P.O. Box Number is Not Acceptable) C/O M.W.I. 3500 GATEWAY DR., STE 202 POMPANO BCH FL 33069 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Stgnature, typed or printed name of registered agent and title if applicable (NOTI: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change TITLE ☐ Delete TITLE ☐ Addition CUOLAHAN, GEORGE NAME NAME 3500 GATEWAY DR. #202 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME LAMPERT, MARVIN NAME 3500 GATEWAY DR. #202 STREET ADDRESS STREET ADDÁESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-7iP TITLE ☐ Delete TITLE Change Addition NAME STECKLER, BURTON NAME 3500 GATEWAY DR #202 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Change ☐ Addition ☐ Dolete TITLE TITLE PLAGER, LOUISE NAME NAME STREET ADDRESS 3500 GATEWAY DR #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 TITLE ☐ Delete TITLE □ Change **☐** Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

IRECTOR

☐ Addition

☐ Change

FILED