


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90024 014 \*\*\*\*61.25

<b>DOCUMENT # 724139</b> 1. Entity Name <b>PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO. 4, INC.</b>					
Principal Place of Business <b>3500 GATEWAY DR. POMPANO BEACH FL 33069 US</b>			Mailing Address <b>3500 GATEWAY DR. POMPANO BEACH FL 33069 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1438445</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JOSEPH KRANBERG</b> <i>Samuel Weinstock</i> <b>3500 GATEWAY DR., #202</b> <b>POMPANO BEACH FL 33069</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BALZER, HARVEY</b>		NAME		
STREET ADDRESS	<b>3500 GATEWAY DR., SUITE # 202</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>POMPANO BCH., FL 33069</b>		CITY- ST- ZIP		
TITLE	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHWARTZ, FRANCES</b>		NAME	<i>Secretary</i>	
STREET ADDRESS	<b>3500 GATEWAY DR., SUITE # 202</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>POMPANO BCH., FL</b>		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEINSTOCK, SAMUEL</b>		NAME		
STREET ADDRESS	<b>3500 GATEWAY DR., SUITE # 202</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>POMPANO BCH., FL 33069</b>		CITY- ST- ZIP		
TITLE	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MAHONEY, EDWARD</b>		NAME		
STREET ADDRESS	<b>3500 GATEWAY DR., SUITE # 202</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>POMPANO BCH., FL 33069</b>		CITY- ST- ZIP		
TITLE	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BIRNER, RICHARD</b>		NAME	<i>VP</i>	
STREET ADDRESS	<b>3500 GATEWAY DR., SUITE # 202</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>POMPANO BCH., FL 33069</b>		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <i>[Signature]</i>			3/4/05 954 979 9059 Date Daytime Phone #		