

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90209 003 \*\*\*\*61.25

**DOCUMENT # 724139**

1. Entity Name  
**PALM-AIRE COUNTRY CLUB CONDOMINIUM  
ASSOCIATION NO. 4, INC.**



Principal Place of Business  
**3500 GATEWAY DR.  
POMPANO BEACH, FL 33069 US**

Mailing Address  
**3500 GATEWAY DR.  
POMPANO BEACH, FL 33069 US**

*4004* **60035467**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1438445**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEINSTOCK, SAMUEL  
3500 GATEWAY DR., #202  
POMPANO BEACH, FL 33069**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **KOHLER, JACK**  
STREET ADDRESS **3500 GATEWAY DR., SUITE 202**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **WEINSTOCK, SAMUEL**  
STREET ADDRESS **3500 GATEWAY DR., SUITE # 202**  
CITY-ST-ZIP **POMPANO BCH., FL 33069**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **MAHONEY, EDWARD**  
STREET ADDRESS **3500 GATEWAY DR., SUITE # 202**  
CITY-ST-ZIP **POMPANO BCH., FL 33069**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **BIRNER, RICHARD**  
STREET ADDRESS **3500 GATEWAY DR., SUITE # 202**  
CITY-ST-ZIP **POMPANO BCH., FL 33069**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **RANIANDETTA, JOHN**  
STREET ADDRESS **3500 GATEWAY DR #202**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **SAWYER, PATRICIA**  
STREET ADDRESS **3500 GATEWAY DR #202**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☒ Change ☐ Addition  
NAME **Secretary**  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

**SIGNATURE:** *Richard Birner* **Richard Birner** *4/25/08* **4/25/08** *954 9059*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone