

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -3 PM 1:51

DOCUMENT # 736150 (4)  
1. Corporation Name  
PALM AIRE CIVIC ASSOCIATION, INC.

Principal Place of Business Mailing Address  
C/O HAROLD SCHEER 905 CYPRESS GROVE DR POMPANO BCH. FL 33069  
C/O HAROLD SCHEER 905 CYPRESS GROVE DR POMPANO BCH. FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/26/1976	3a. Date of Last Report 04/15/1994
4. FEI Number 59-2341704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
SCHEER, HAROLD  
905 CYPRESS GROVE DR  
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SCHEER, HAROLD
STREET ADDRESS	905 CYPRESS GROVE DR
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	D
NAME	CANAL, ARTHUR
STREET ADDRESS	4221 PALM AIRE DR W #105
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D
NAME	SPODAK, HARRY
STREET ADDRESS	3351 PALM AIRE DR S #101
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D
NAME	FINK, SYLVIA
STREET ADDRESS	905 CYPRESS TERRACE
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	I
NAME	MARCUS, IRVING
STREET ADDRESS	802 CYPRESS GROVE LN.
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D
NAME	ROSENBERG, BERNARD
STREET ADDRESS	3510 OAKS WAY #903
CITY-ST-ZIP	POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ASSAEL ALBERT
4.3 STREET ADDRESS	1007 E. CYPRESS DR.
4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold Scheer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
HAROLD SCHEER  
Date: 1-16-95  
Dyerline Filing # 3059748317