

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
06/26/1976

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number

59-2341704

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHEER, HAROLD
905 CYPRESS GROVE DR
POMPANO BEACH FL 33069

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

TITLE D
NAME CANAL, ARTHUR
STREET ADDRESS 4221 PALM AIRE DR W #105
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

TITLE D
NAME SPODAK, HARRY
STREET ADDRESS 3351 PALM AIRE DR S #101
CITY-ST-ZIP POMPANO BEACH FL ☒ DELETE

TITLE D
NAME ASSAEL, ALBERT
STREET ADDRESS 1007 E 1 CYPRESS DR
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

TITLE T
NAME MARCUS, IRVING
STREET ADDRESS 802 CYPRESS GROVE LN.
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

TITLE D
NAME ROSENBERG, BERNARD
STREET ADDRESS 3510 OAKS WAY #903
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D-DAVID COHEN ☐ Change ☒ Addition
12 NAME 3510 OAKS WAY
13 STREET ADDRESS POMPANO BCH. FLA

21 TITLE D SIDNEY FINKEL ☐ Change ☒ Addition
22 NAME 1104 W. CYPRESS DR
23 STREET ADDRESS POMPANO BCH. FLA

31 TITLE D DAVID HARMELIN ☐ Change ☒ Addition
32 NAME 2940 NO. COURSE DR.
33 STREET ADDRESS POMPANO BCH. FLA

41 TITLE D LEON HARNICK ☐ Change ☒ Addition
42 NAME 3930 OAKS CLUBHOUSE DR.
43 STREET ADDRESS POMPANO BCH. FLA

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS

61 TITLE 200001850922 ☐ Change ☐ Addition
62 NAME -06/04/96--01162--000
63 STREET ADDRESS ***\$1.25
64 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)