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FILED

Feb 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33069-5004



3. Date Incorporated or Qualified  
06/26/1976

3a. Date of Last Report  
05/01/1996

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SCHEER, HAROLD  
STREET ADDRESS 905 CYPRESS GROVE DR  
CITY-ST-ZIP POMPANO BCH. FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

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

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME HARMELIN, DAVID  
STREET ADDRESS 2940 NO. COURSE DR.  
CITY-ST-ZIP POMPANO BEACH FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

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

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

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

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

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

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97

Date

Daytime Phone # 702-553-1111

CR2E037 (9/96)