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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736150

1. Corporation Name
PALM AIRE CIVIC ASSOCIATION, INC.

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

Mailing Address
C/O HAROLD SCHEER
905 CYPRESS GROVE DR
POMPANO BCH FL 33069



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 3000 Palm Aire Dr	26 3000 Palm Aire Dr.	06/26/1976
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 103	27 103	59-2341704
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Pompano Bch, FLA.	28 Pompano Bch, FLA.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	
24 33069 25 AMERICA	29 33069 30 USA	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHAEER, HAROLD 905 CYPRESS GROVE DR POMPANO BEACH FL 33069	81 Name REUBEN GLICKMAN 82 Street Address (P.O. Box Number is Not Acceptable) 3000 PALM AIRE DR. 83 84 City Pompano Bch, FL 85 Zip Code 33069

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 Reuben Glickman 3/10/99
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	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHEER, HAROLD		1.2 NAME REUBEN GLICKMAN	
STREET ADDRESS 905 CYPRESS GROVE DR		1.3 STREET ADDRESS 3000 PALM AIRE DR.	
CITY-ST-ZIP POMPANO BCH. FL		1.4 CITY-ST-ZIP POMPANO BCH, FLA. 33069	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CANAL, ARTHUR		2.2 NAME	
STREET ADDRESS 4221 PALM AIRE DR W #105		2.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASSAEL, ALBERT		3.2 NAME	
STREET ADDRESS 1007 E 1 CYPRESS DR		3.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARCUS, IRVING		4.2 NAME	
STREET ADDRESS 802 CYPRESS GROVE LN.		4.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Reuben Glickman 3/10/99 954 978-9083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)