

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90047 002 \*\*\*\*61.25

**DOCUMENT # 736150**

1. Entity Name

PALM AIRE CIVIC ASSOCIATION, INC.



Principal Place of Business

3000 PALM AIRE DR  
STE 103  
POMPANO BCH. FL 33069

Mailing Address

3000 PALM AIRE DR  
STE 103  
POMPANO BCH. FL 33069

2. Principal Place of Business

905 CYPRESS GROVE DR

3. Mailing Address

Palm-Aire Civic Association

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 667492

Pompano Beach, FL 33069-7492

City & State

POMPANO BEACH FL

City & State

Zip

33069

Country

U.S.A.

Zip

Country

4. FEI Number

59-2341704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHEER, HAROLD  
905 CYPRESS GROVE DRIVE  
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

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

TITLE VPD  
NAME MINTZ, ABE ☐ Delete  
STREET ADDRESS 3091 NORTH COURSE DRIVE #5-10  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE PD  
NAME SCHEER, HAROLD ☐ Delete  
STREET ADDRESS 905 CYPRESS GROVE DRIVE  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE T  
NAME CUOLAHAN, GEORGE J ☐ Delete  
STREET ADDRESS 3150 N. PALM AIRE DR. 10-305  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME GEORGE BRUMMER  
STREET ADDRESS 4000 N. CYPRESS DR #105  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE SD ☐ Change ☒ Addition  
NAME AL RITTER  
STREET ADDRESS 806 CYPRESS BLVD. #204  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE D ☐ Change ☒ Addition  
NAME RALPH CALATCHI  
STREET ADDRESS 416 PALM AIRE DR. WEST 161 B  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME LOUISE PLAGER  
STREET ADDRESS 2800 N. PALM AIRE DR #208  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE D ☐ Change ☒ Addition  
NAME IRVING CORWIN  
STREET ADDRESS 805 CYPRESS BLVD #409  
CITY-ST-ZIP POMPANO BEACH FL 33069

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

12. 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 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:** *George J. Cuolahan* **GEORGE J. CUOLAHAN T.** 4-10-04 954-977-3040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #