


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 736150	
1. Entity Name PALM AIRE CIVIC ASSOCIATION, INC.	

Principal Place of Business 905 CYPRESS GROVE DR POMPANO BCH., FL 33069	Mailing Address PALM-AIRE CIVIC ASSOCIATION PO BOX 667492 POMPANO BCH., FL 33069
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2341704	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHEER, HAROLD
905 CYPRESS GROVE DRIVE
POMPANO BEACH, FL 33069**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

U00000896741
04/25/08-80019-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ASSAEL, ALBERT 1007 E 1 CYPRESS DR POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD MINTZ, ABE 3091 NORTH COURSE DRIVE #5-10 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SCHEER, HAROLD 905 CYPRESS GROVE DRIVE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T CUOLAHAN, GEORGE J 3150 N. PALM AIRE DR. 10-305 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BAUMMER, GEORGE 4000 N. CYPRESS DR #105 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD RITTER, AL 806 CYPRESS BLVD #204 POMPANO BEACH, FL 33069

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

George J. Cuolahan
GEORGE J. CUOLAHAN TREASURER