


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90082 016 ****61.25

DOCUMENT # 739073 1. Entity Name PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO. 8, INC.					
Principal Place of Business 1280 S.W. 36TH AVENUE, SUITE #301 POMPANO BEACH, FL 33069			Mailing Address 1280 S.W. 36TH AVENUE, SUITE #301 POMPANO BEACH, FL 33069		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1746416 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03142007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BAKALAR, BROUGH & CHADROW P.A. 150 S. PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, R. 1280 S.W. 36TH AVENUE, SUITE #301 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRUMMER, G. 1280 S.W. 36TH AVENUE, SUITE #301 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD INDOVINO, RICHARD J 1280 SW 36 AVE #301 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, NITA 1280 SW 36 AVE #301 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHRMAN, L 1280 SW 36 AVE # 301 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLINSKY, JOEL 1280 SW 36 AVE #301 POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Richard J Indovino</u> RICHARD J INDOVINO 4-5-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40062934
#739073

DATE: 4/05/07

TIME: 10:53 AM

PALM-AIRE COUNTRY CLUB CONDO ASSOCIATION NO 8 INC
BOARD/COMMITTEE MEMBERS REPORT AS OF 04/05/07

PAGE 1

NAME/ADDRESS	TITLE/E-MAIL	WORK/FAX	HOME/CELL	TERM EXPIRATION

CLASS: DIRECTOR				
ARTHUR STARK 916 MAPLE ROAD FLOSSMOOR IL 60422	DIRECTOR		954-972-2375	
CLASS: DIRECTOR				
Christina Furno 6444 NW 43RD STREET CORAL SPRINGS FL 33067	Director		954-345-0569	

-- End of report --