

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 748219

1. Entity Name
**PALM-AIRE COUNTRY CLUB CONDOMINIUM
ASSOCIATION NO. 11, INC.**



Principal Place of Business
**1280 SW 36TH AVE.
SUITE 301
POMPANO BEACH, FL 33069-3005**

Mailing Address
**1280 SW 36TH AVE.
SUITE 301
POMPANO BEACH, FL 33069-3005**



03142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1927508

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAKALAR,, BROUGH & CHADROW P. A
150 S PINE ISLAND RD 540
FORT LAUDERDALE, FL 33324**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VPD
WEINER, ADELE
1280 SW 36TH AVE. SUITE 301
POMPANO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BECKER, ELY
1280 SW 36TH AVE. SUITE 301
POMPANO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HERZMARK, MICHELE LEE
1280 SW 36 AVE 301
POMPANO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BLIMAN, BERNARD
1280 SW 36 AVE 301
POMPANO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATD
GREEN, EDWARD
1280 SW 36 AVE STE 301
POMPANO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VPD
TACHWAL, SYD
1280 SW 36 AVE #301
POMPANO BEACH, FL 33069**

U00000687431
04/10/07-80037-021 61.25

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IN THIS SPACE**

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: _____

Ely Becker **ELY BECKER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07
Date

(954) 968-2053
Daytime Phone #