

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90012 009 ****75.00

DOCUMENT # 750126

1. Entity Name

PALM AIRE MEN'S GOLF ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O JACK LEVY
APT. 708
POMPANO BEACH FL 33069
US

3510 OAKS WAY
APT 708
POMPANO BEACH FL 33069



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2129792

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, JACK L DR.
3510 OAKS WAY
APT 708
POMPANO BEACH FL 33069

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, 2007**

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 DV ☐ Delete
NAME ZENTNER, CHARLES
STREET ADDRESS 3051 NORTH COURSE DRIVE #206
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE DP ☐ Delete
NAME LAWRENCE, BEHRMAN DR.
STREET ADDRESS 807 E. CYPRESS LANE
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE DS ☐ Delete
NAME HEXTER, ROBERT
STREET ADDRESS 3051 N. COURSE DRIVE, APT 706
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE DT ☐ Delete
NAME LEVY, JACK L DR
STREET ADDRESS 3510 OAKS WAY, APT 708
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 DP ☐ Change ☐ Addition
NAME Zentner, Charles
STREET ADDRESS 3051 North Course Drive #206
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE DV ☐ Change ☐ Addition
NAME Tony Phillips
STREET ADDRESS 2661 S. Course Drive #408
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE DS ☐ Change ☐ Addition
NAME Robert Hexter
STREET ADDRESS 3051 N Course Drive Apt 706
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE DT ☐ Change ☐ Addition
NAME Dr Jack L. Levy
STREET ADDRESS 3510 Oaks Way Apt 708
CITY-ST-ZIP POMPANO BEACH FL 33069

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

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 exemptions contained in Section 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:

Dr. Jack L. Levy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Jack L. Levy
Date 1/28/07 954-974 3917
Daytime Phone #