

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90013 025 ****70.00

DOCUMENT # 750126

1. Entity Name

PALM AIRE MEN'S GOLF ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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 (10/07)

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 F.I.C. (if applicable)

(NOTE: The packet Agent signature is not used when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	DP	☐ Delete
NAME	ZENTNER, CHARLES	
STREET ADDRESS	3051 NORTH COURSE DRIVE #206	
CITY- ST- ZIP	POMPANO BEACH FL 33069	
TITLE	DV	☐ Delete
NAME	PHILLIPS, TONY	
STREET ADDRESS	2661 S. COURSE DR #408	
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	Phillips Tony	
STREET ADDRESS	2661 S. Course Dr #408	
CITY- ST- ZIP	Pompano Beach FL 33069	
TITLE	DV	☒ Change ☐ Addition
NAME	Phillip DiGennaro	
STREET ADDRESS	3609 Dunes Vista Dr	
CITY- ST- ZIP	Pompano Beach FL 33069	
TITLE	DS	☒ Change ☐ Addition
NAME	Charles Grublaro	
STREET ADDRESS	545 Oaks Lane # 505	
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	
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 prepare 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 officers empowered.

SIGNATURE:

[Handwritten Signature]