

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750126

FILED
Jan 05, 2011
Secretary of State

Entity Name: PALM AIRE MEN'S GOLF ASSOCIATION, INC.

Current Principal Place of Business:

C/O TONY PHILLIPS
2661 S. COURSE DR. #408
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

PHIL DIGENNARO
3609 DUNES VISTA DR.
POMPANO BEACH, FL 33069 US

Current Mailing Address:

C/O TONY PHILLIPS
2661 S. COURSE DR. #408
POMPANO BEACH, FL 33069 US

New Mailing Address:

PHIL DIGENNARO
3609 DUNES VISTA DR.
POMPANO BEACH, FL 33069 US

FEI Number: 59-2129792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, TONY
2661 S. COURSE DR.
408
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

DIGENNARO, PHIL
3609 DUNES VISTA DR
POMPANO BEACH, FL 33069 US

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.

SIGNATURE: PHIL DIGENARRO

01/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: DEGENNARO, PHIL
Address: 3609 DUNES VISTA DR
City-St-Zip: POMPANO BEACH, FL 33069

Title: DV
Name: OSTROV, JACK
Address: 625 OAKS DR APT #902
City-St-Zip: POMPANO BEACH, FL 33069

Title: DS
Name: BALZER, HARVEY
Address: 2940 N COURSE DR APT#106
City-St-Zip: POMPANO BEACH, FL 33069

Title: DT
Name: REARDEN, DEREK
Address: 2850 OAKS CLUBHOUSE DR #205
City-St-Zip: POMPANO BEACH, FL 33069

Title: DV2
Name: SANTOMASSIMO, JIM
Address: 1115 W CYPRESS DR
City-St-Zip: POMPANO BEACH, FL 33069

Title: D
Name: COHEN, ALAN S
Address: 804 CYPRESS BLVD APT#303
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALAN S COHEN

DIRE

01/05/2011

Electronic Signature of Signing Officer or Director

Date