Palm-Aire Country Club Condominium Association No. 53, Inc.

05-18-2007 90216 001 *5,328.75
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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
07 MAY 23 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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1. Entity Name
PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO. 53, INC.

Principal Place of Business	Mailing Address
2900 N COURSE DR POMPANO BEACH, FL 33069	C/O CASTLE GROUP PO BOX 559009 FORT LAUDERDALE, FL 33355

02152007 Chg-NP CR2E037 (12/06)

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

4. FEI Number 59-2228834 ☐ 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
RANDALL K ROGER & ASSOC. PA 621 NW 53 ST STE 300 BOCA RATON, FL 33487	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

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BECKER, ROBERT 2900 N COURSE DR #701 POMPANO BCH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BORYSEWICZ, STANLEY 2900 N COURSE DR STE 808 POMPANO BEACH, FL 33069	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BURBAGE, PAUL 2900 N COURSE DR #902 POMPANO BEACH, FL 33069	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS WHEELER, CELESTA T 2900 N. COURSE DR #206 POMPANO BCH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRIEN, JOHN 2900 N COURSE DR #107 POMPANO BEACH, FL 33069	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MAC CLELAND, DAVID 2900 N COURSE DR #1001 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BADDER, CHARLOTTE 2900 N COURSE DR #203 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$16/4	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SPINELLI, LARRY 2900 N COURSE DR STE 1007 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Bob Becker 5/3/07 954-917-9357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #