

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90294 001 \*\*\*122.50

**DOCUMENT # 763785**1. Entity Name  
**PALM-AIRE COUNTRY CLUB CONDOMINIUM  
ASSOCIATION NO. 53, INC.**Principal Place of Business  
**2900 N COURSE DR  
POMPANO BEACH, FL 33069**Mailing Address  
**C/O CASTLE GROUP  
PO BOX 559009  
FORT LAUDERDALE, FL 33355****66007496**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132008

Chg-NP

CR2E037 (12/06)

City &amp; State

City &amp; State

4. FEI Number

59-2228834

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****RANDALL K ROGER & ASSOC. PA  
621 NW 53 ST STE 300  
BOCA RATON, FL 33487****7. Name and Address of New Registered Agent**

Name

**BROUGH, CHADROW & LEVINE**

Street Address (P.O. Box Number is Not Acceptable)

**1900 N. COMMERCE PARKWAY**

City

**WESTON****FL**

Zip Code

**33326**

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, 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 **TD** ☐ Delete  
NAME **BECKER, ROBERT**  
STREET ADDRESS **2900 N COURSE DR #701**  
CITY-ST-ZIP **POMPANO BCH, FL 33069**TITLE **VD** ☐ Delete  
NAME **BURBAGE, PAUL**  
STREET ADDRESS **2900 N COURSE DR STE 902**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**TITLE **AS** ☐ Delete  
NAME **WHEELER, CELESTA T**  
STREET ADDRESS **2900 N. COURSE DR #206**  
CITY-ST-ZIP **POMPANO BCH, FL 33069**TITLE **PD** ☐ Delete  
NAME **MAC CLELAND, DAVID**  
STREET ADDRESS **2900 N COURSE DR #1001**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**TITLE **D** ☐ Delete  
NAME **BADDER, CHARLOTTE**  
STREET ADDRESS **2900 N COURSE DR #203**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**TITLE **SD** ☒ Delete  
NAME **SPINELLI, LARRY**  
STREET ADDRESS **2900 N COURSE DR STE 1007**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **TD** ☐ Change ☒ Addition  
NAME **BORYSEWICZ, STANLEY**  
STREET ADDRESS **2900 N. COURSE DR #808**  
CITY-ST-ZIP **POMPANO BEACH, FL 33009**TITLE **SD** ☐ Change ☒ Addition  
NAME **O'BRIEN, JOHN**  
STREET ADDRESS **2900 N COURSE DR #107**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**TITLE **SD** ☐ Change ☒ Addition  
NAME **O'BRIEN, JOHN**  
STREET ADDRESS **2900 N COURSE DR #107**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**TITLE **SD** ☐ Change ☒ Addition  
NAME **O'BRIEN, JOHN**  
STREET ADDRESS **2900 N COURSE DR #107**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**TITLE **SD** ☐ Change ☒ Addition  
NAME **O'BRIEN, JOHN**  
STREET ADDRESS **2900 N COURSE DR #107**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**TITLE **SD** ☐ Change ☒ Addition  
NAME **O'BRIEN, JOHN**  
STREET ADDRESS **2900 N COURSE DR #107**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-  
03-28-08 917-6990