

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90017 040 \*\*\*\*61.25

**DOCUMENT # N07000009870**

1. Entity Name  
**PALM AIRE LADIES GOLF ASSOC., INC**



Principal Place of Business  
**% FRNCES EHRLICH  
4116 PALM AIRE DR. WEST #162B  
POMPANO BEACH, FL 33069**

Mailing Address  
**% FRNCES EHRLICH  
4116 PALM AIRE DR. WEST #162B  
POMPANO BEACH, FL 33069**

**40048113**



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

**% Norma Phillips  
Suite, Apt. #, etc.  
2661 S. Course Dr. #408**

3. Mailing Address

**% Norma Phillips  
Suite, Apt. #, etc.  
2661 S. Course Dr. #408**

02192008 Chg-NP CR2E037 (12/06)

City & State

**Pompano Beach, FL**

City & State

**Pompano Beach, FL**

4. FEI Number

**22-3971340**

Applied For

Not Applicable

Zip

**33069**

Country

**USA**

Zip

**33069**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EHRLICH, FRANCES  
4116 PALM AIRE DR. WEST  
162 B  
POMPANO BEACH, FL 33069**

7. Name and Address of New Registered Agent

Name **Norma Phillips**  
Street Address (P.O. Box Number is Not Acceptable)  
**2661 S. Course Dr. #408**  
City **Pompano Beach** FL Zip Code **33069**

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

**Norma Phillips** **Norma Phillips**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Mar. 13, 2008**

**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 NAME STREET ADDRESS CITY-ST-ZIP	P BEHRMAN, CAROLE 807 E. CYPRESS LN POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EHRLICH, FRANCES 4116 PALM AIRE DR WEST #162B POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHILLIPS, NORMA 2661 S. COURSE DR. #408 POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GENNARO, ELAINE 3609 DUNES VISTA DR. POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM BAJCAR, KAREN 2691 S COURSE DR #304 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Norma Phillips 2661 S. Course Dr. #408 Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EHRLICH, FRANCES 4116 PALM AIRE DR. W #162B Pompano Beach FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Bracchi-Terenzio, Donna 4010 Galt Ocean Dr., #405 Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**Norma Phillips** **Norma Phillips**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/08**

Date

**9549750578**

Daytime Phone #