FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT SF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N9600000073 (4)

PALM-AIRE RESORT OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

FILED Jul 08 1997 8:00am Secretary of State



2700 PALM-AIRE DRIVE NORTH POMPANO BEACH FL 33069			2700 PALM-AIRE DRIVE NORTH POMPANO BEACH FL 33069-3403													
								3.	. Date Inco 01/0	rporate 4/199		fied	3a . Da	te of L	ast R	eport
2. Principal Pi	lace of Busine	28. Mailing Address 26. 2601 PALM-AIRE DR. N					4.	. FEI Numb	er O	662	271	110			plied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.										\$8	-	t Applicable Additional	
22		27					5.	. Certificate	of Stat	us Desired	d :				quired	
City & State			City & State 28 POMPANO BEACH FL					6.	Election C Trust Fund	, -						May Be o Fees
Zip 24	2	Country 5	29 3	33069	30 Co	untry U	SA	8.	This corpo		nas liability		tangible Yes	_	ider s	199.032,
	9. Name a	nd Address of Current	Register	ed Agent		Ĺ		10.	. Name an	d Addre	ss of Ne	w Regi	stered /	gent		
0055110			5 4 PH / 15 1	•		81	Name									
GREENS 100 WES	PA		82	Street Address (P.O. Box Number is Not Acceptable)												
	CENTRE SOL				83											
	UDERDALE	•				84	City	· · · · ·		.			FL	85	Zip (Code
11. Pursuant i office or re agent. I al	to the provision egistered agen m familiar with	ns of Sections 617.0502 nt, or both, in the State c , and accept the obligat	and 617. I Florida ions of S	Such change wa 	s authorize Florido-	d b	y the corp s.	oration's I	board of dir	his state ectors	ement for I hereby a	the pur accept	rnose of	chang pintme	ging it	s registered registered
	Stonature, type or	printed name of registered agent			NOTE: Registere	d Ag	ent sig nature				·· <u>-</u> · · · · · · · · · · · · · · · · · · ·		DATE			·····
12.	PD	OFFICERS AND	DIRECTO	DRS DELETE	13.	(7) ¢	1		ADDITIONS	CHAN	GES TO C)FFICE	RS AND	DIRE		S IN 12 Addition
NAME	OTTINO, J	l. P			1.2 N										anyc	
STREET ADORESS		M-AIRE DRIVE NORTI	1				ADDRESS									
CITY-ST-ZIP	POMPANO	BEACH FL 33069					ST-ZIP									
TITLE	VD			DELETÉ	2.1 T	ITLE					•			☐ Ch	ange	☐ Addition
NAME	SHEEHAN	-			2.2 N											
STREET ADDRESS	- •	M-AIRE DRIVE NORTI) BEACH FL 33069	1				ADDRESS									
CITY-ST-ZIP TITLE	STD	DEMON PL 93008		DELETE	2. 4 E		ST-ZIP			-				☐ Ch	anne	Addition
NAME	CAIRO, HI	ENRY M			3.2 N								,	···	ugo	7.0011017
STREET ADDRESS	-	M-AIRE DRIVE NORTI	1				ADDRESS									
CITY-ST-ZiP	POMPANO	BEACH FL 33069			3.4. 0	OTY-	ST-ZIP									
TITLE				☐ DELETË	4.1 T	TLE				,				Ch	ange	Addition
NAME					4.21	IAME										
STREET ADDRESS							ADDRESS									
CITY-ST-ZIP TITLE				DELETE			T-ZIP		 					Lou		Addition
NAME				- DECEME	5.1 T									Ch	ange	☐ Addition
STREET ADDRESS					5.2 N		ADDRESS									
CITY-ST-ZIP							T-ZIP									
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NAME				_	6.2 N								,	_	•	
STREET ADDRESS							ADDRESS									
OIE TO VEID							T TID									

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 in changed, or on an attachment with an address.