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Feb 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000000073 (4)**

1. Corporation Name

PALM-AIRE RESORT OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**2700 PALM-AIRE DRIVE NORTH
POMPANO BEACH FL 33069**

**2601 PALM-AIRE DR N
POMPANO BCH FL 33069
US**

3. Date Incorporated or Qualified

01/04/1996

4. FEI Number

65-0662716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2601 Palm-Aire Dr.N.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Pompano Beach FL

28 City & State

28 City & State

24 Zip

33069

25 Country

USA

29 Zip

30 Country

30 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENSPOON, MARDER, HIRSCHFELD & RAFKIN, PA
100 WEST CYPRESS CREEK ROAD
TRADE CENTRE SOUTH, SUITE 700
FORT LAUDERDALE FL 33309**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **OTTINO, J. P**
STREET ADDRESS **2700 PALM-AIRE DRIVE NORTH**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **PD**
1.3 STREET ADDRESS **Nuzzo, Mark**
1.4 CITY-ST-ZIP **11001 Executive Center Drive
Little Rock AR 72211**

TITLE **VD** ☒ DELETE

NAME **SHEEHAN, KEVIN**
STREET ADDRESS **2700 PALM-AIRE DRIVE NORTH**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **VD**
2.3 STREET ADDRESS **Cairo, Henry**
2.4 CITY-ST-ZIP **6400 N. Andrews Ave. #200
Fort Lauderdale FL 33309**

TITLE **STD** ☐ DELETE

NAME **CAIRO, HENRY M**
STREET ADDRESS **2700 PALM-AIRE DRIVE NORTH**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **SD**
3.3 STREET ADDRESS **Manzie, Marco**
3.4 CITY-ST-ZIP **2601 Palm-Aire Drive North
Pompano Beach FL 33069**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:

2/6/98

754-758-5600

CR2E037 (10/97)