

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000073

1. Entity Name

PALM-AIRE RESORT OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90092 043 \*\*\*\*61.25

Principal Place of Business

2601 PALM-AIRE DR N  
POMPANO BEACH FL 33069  
US

Mailing Address

2601 PALM-AIRE DR N  
POMPANO BCH FL 33069-3466  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0662716

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME NUZZO, MARK  
STREET ADDRESS 11001 EXECUTIVE CENTER DR  
CITY-ST-ZIP LITTLE ROCK AR 72211

TITLE STD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME MANZIE, MARCO  
STREET ADDRESS 2601 PALM-AIRE DR N  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE VD ☒ Change ☐ Addition  
NAME ARM BRUSTER, BILL  
STREET ADDRESS 2601 PALM-AIRE DR. N.  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE VD ☐ Delete  
NAME FOGEL, ALEX  
STREET ADDRESS 11001 EXECUTIVE CENTER DR  
CITY-ST-ZIP LITTLE ROCK AR 72211

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)