

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90035 017 ****61.25

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DOCUMENT # N96000000073

1. Entity Name

PALM-AIRE RESORT OWNERS ASSOCIATION, INC.

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
 US

00016684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0662716

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
Reed, Jim
2601 Palm Aire Dr North
Pompano Beach, FL 33069 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
ARMBRUSTER, BILL
2601 PALM-AIRE DR N
POMPANO BEACH FL 33069 ☐ Delete

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

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

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

TITLE
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 CITY-ST-ZIP
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☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

Date: 2/7/2001 (407) 370-6096

CR2E037 (10/00)