

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90697 047 ****61.25

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DOCUMENT # N96000000073

1. Entity Name

PALM-AIRE RESORT OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2601 PALM-AIRE DR N
 POMPANO BEACH FL 33069
 US

2601 PALM-AIRE DR N
 POMPANO BCH FL 33069
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
REED, JIM
2601 PALM AIRE DR. NORTH
POMPANO BEACH FL 33069

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
JIM REED
1600 RISING VIEW LANE
KNOXVILLE, TN 37922

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
BB PD
BILL ARMBRUSTER
2601 PALM AIRE DR N.
POMPANO BEACH, FL. 33069

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
ALEX FOGEL
2601 PALM AIRE DR. N.
POMPANO BEACH, FL. 33069

TITLE
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 CITY-ST-ZIP

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

SIGNATURE:

[Signature]

3/15/02 401 370 6096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)