

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2006 8:00 am**  
**Secretary of State**

06-08-2006 90002 026 \*\*\*\*70.00

<b>DOCUMENT # N96000000073</b> 1. Entity Name <b>PALM-AIRE RESORT OWNERS ASSOCIATION, INC.</b>																																																																																			
Principal Place of Business <b>2601 PALM-AIRE DR N</b> <b>POMPANO BEACH, FL 33069 US</b>			Mailing Address <b>2601 PALM-AIRE DR N</b> <b>POMPANO BCH, FL 33069 US</b>																																																																																
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 <b>65-0662716</b>			Applied For <input type="checkbox"/> Not Applicable																																																																																
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>																																																																																
6. Name and Address of Current Registered Agent  <b>GREENSPOON, MARDER, HIRSCHFELD &amp; RAFKIN, PA</b> <b>100 WEST CYPRESS CREEK ROAD</b> <b>TRADE CENTRE SOUTH, SUITE 700</b> <b>FORT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																
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. I am familiar with, and accept the obligations of registered agent.																																																																																			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>																																																																																			
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																															
Make check payable to Florida Department of State																																																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Delete</td> </tr> <tr> <td></td> <td><b>PD ARMBRUSTER, BILL</b></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2601 PALM AIRE DR N.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>POMPANO BEACH, FL 33069</b></td> <td></td> </tr> <tr> <td></td> <td><b>VD REED, JIM</b></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1600 RISING VIEW LANE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>KNOXVILLE, TN 37922</b></td> <td></td> </tr> <tr> <td></td> <td><b>STD GABEL, DEANAL</b></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8427 SOUTH PARK CIRCLE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ORLANDO, FL 32819</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Change Addition</td> </tr> <tr> <td></td> <td><b>PD John Vitale</b></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2601 Palm Aire Dr N</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Pompano Beach FL 33069</b></td> <td></td> </tr> <tr> <td></td> <td><b>VD Chris Forbes</b></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2601 Palm Aire Dr N</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Pompano Beach</b></td> <td></td> </tr> <tr> <td></td> <td><b>STD Dan Walters</b></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8427 South Park circle</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Orlando FL 32819</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>						TITLE	NAME	Delete		<b>PD ARMBRUSTER, BILL</b>	<input checked="" type="checkbox"/>	STREET ADDRESS	<b>2601 PALM AIRE DR N.</b>		CITY-ST-ZIP	<b>POMPANO BEACH, FL 33069</b>			<b>VD REED, JIM</b>	<input checked="" type="checkbox"/>	STREET ADDRESS	<b>1600 RISING VIEW LANE</b>		CITY-ST-ZIP	<b>KNOXVILLE, TN 37922</b>			<b>STD GABEL, DEANAL</b>	<input checked="" type="checkbox"/>	STREET ADDRESS	<b>8427 SOUTH PARK CIRCLE</b>		CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>				<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	TITLE	NAME	Change Addition		<b>PD John Vitale</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS	<b>2601 Palm Aire Dr N</b>		CITY-ST-ZIP	<b>Pompano Beach FL 33069</b>			<b>VD Chris Forbes</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS	<b>2601 Palm Aire Dr N</b>		CITY-ST-ZIP	<b>Pompano Beach</b>			<b>STD Dan Walters</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS	<b>8427 South Park circle</b>		CITY-ST-ZIP	<b>Orlando FL 32819</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	Delete																																																																																	
	<b>PD ARMBRUSTER, BILL</b>	<input checked="" type="checkbox"/>																																																																																	
STREET ADDRESS	<b>2601 PALM AIRE DR N.</b>																																																																																		
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33069</b>																																																																																		
	<b>VD REED, JIM</b>	<input checked="" type="checkbox"/>																																																																																	
STREET ADDRESS	<b>1600 RISING VIEW LANE</b>																																																																																		
CITY-ST-ZIP	<b>KNOXVILLE, TN 37922</b>																																																																																		
	<b>STD GABEL, DEANAL</b>	<input checked="" type="checkbox"/>																																																																																	
STREET ADDRESS	<b>8427 SOUTH PARK CIRCLE</b>																																																																																		
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>																																																																																		
		<input type="checkbox"/> Delete																																																																																	
		<input type="checkbox"/> Delete																																																																																	
		<input type="checkbox"/> Delete																																																																																	
TITLE	NAME	Change Addition																																																																																	
	<b>PD John Vitale</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>																																																																																	
STREET ADDRESS	<b>2601 Palm Aire Dr N</b>																																																																																		
CITY-ST-ZIP	<b>Pompano Beach FL 33069</b>																																																																																		
	<b>VD Chris Forbes</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>																																																																																	
STREET ADDRESS	<b>2601 Palm Aire Dr N</b>																																																																																		
CITY-ST-ZIP	<b>Pompano Beach</b>																																																																																		
	<b>STD Dan Walters</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>																																																																																	
STREET ADDRESS	<b>8427 South Park circle</b>																																																																																		
CITY-ST-ZIP	<b>Orlando FL 32819</b>																																																																																		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.																																																																																			
<b>SIGNATURE:</b> <b>PRESIDENT, HOA</b> <span style="float: right;">6/5/06 954-784-4102</span>																																																																																			

ATTACHMENT

40095075

~~#N9600000073~~

004-604-00014131

Check Request Form



CENDANT

Timeshare Resort Group

HC/PA

Date

5/4/06

Vendor #

649

SHIPPED MAY 10 2006

Issue Check Payable to:

Florida Department of State

Payee's Address:

Division of Corporations

PO Box 1500, Tallahassee, FL

32302-1500

Amount of Check:

70.00

Description to Appear on Check:

2006 Not-for-Profit Annual Report

ATTACH COPIES OF SUPPORTING DOCUMENTS

Account Number

604-025

066-62040

Amount

70.00

Requested by:

David Bremer

Approved by: