

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90114 044 \*\*\*\*61.25

**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**

10037701



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>REED, JIM</b>	
STREET ADDRESS	<b>1600 RISING VIEW LANE</b>	
CITY-ST-ZIP	<b>KNOXVILLE TN 37922</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ARMBRUSTER, BILL</b>	
STREET ADDRESS	<b>2601 PALM AIRE DR N.</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FOGEL, ALEX</b>	
STREET ADDRESS	<b>2601 PALM AIRE DR. N.</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JIM REED</b>	
STREET ADDRESS	<b>1600 RISING VIEW LANE</b>	
CITY-ST-ZIP	<b>KNOXVILLE, TN 37922</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHARLES MONSERRAT</b>	
STREET ADDRESS	<b>8427 SOUTH PARK CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL. 32819</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an attachment with an address, with all other like empowered.

SIGNATURE: *W. C. N. [Signature]* 1/10/03 4073706096

CR2E037 (10/02)