2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071749

1. Entity Name

RESORT AT PALM AIRE, INC.

Principal Place of Business	Mailing Address
2600 PALM AIRE DRIVE NORTH POMPANO BEACH FL 33069	2600 PALM AIRE DRIVE NORTH POMPANO BEACH FL 33069-3465

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		**4.** FEI Number 65-0523135	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
RHONDA J. LOVELACE 2600 PALM AIRE DRIVE NORTH POMPANO BEACH FL 33069	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

| **9.** This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ | **FILE NOW!!! FEE IS $150.00**
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State | **10.** Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees |

11.	OFFICERS AND DIRECTORS		**12.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ORLEANS, JEFFERY P		NAME	400003229884---2	
STREET ADDRESS	1 GREENWOOD SQUARE, 3333 STREET RD STE 101		STREET ADDRESS	-04/28/00--01119--001	
CITY-ST-ZIP	BENSALEM PA		CITY-ST-ZIP	****450.00 ****450.00	
TITLE	VPSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, BENJAMIN D		NAME		
STREET ADDRESS	1 GREENWOOD SQUARE, 3333 ST RD STE 101		STREET ADDRESS		
CITY-ST-ZIP	BENSALEM PA		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MURPHY, JOANN		NAME		
STREET ADDRESS	1 GREENWOOD SQUARE, 3333 ST RD STE 101		STREET ADDRESS		
CITY-ST-ZIP	BENSALEM PA		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LOVELACE, RHONDA		NAME		
STREET ADDRESS	2600 PALM AIRE DRIVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KATZ, LEWIS		NAME		
STREET ADDRESS	2600 PALMAIRE DRIVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	REILLY, STEPHEN		NAME	TS	
STREET ADDRESS	1 GREENWOOD SQUARE 3333 STREET RD #101		STREET ADDRESS		
CITY-ST-ZIP	BENSALEM PA		CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4/6/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #