

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000071749**1. Entity Name
RESORT AT PALM AIRE, INC.

Principal Place of Business 2600 PALM AIRE DRIVE NORTH POMPANO BEACH FL 33069	Mailing Address 2600 PALM AIRE DRIVE NORTH POMPANO BEACH FL 33069
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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
65-0523135
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RHONDA J. LOVELACE
2600 PALM AIRE DRIVE NORTH

POMPANO BEACH FL 33069 US

7. Name and Address of New Registered Agent

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 _____ 04/19/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	REILLY STEPHEN	
STREET ADDRESS	1 GREENWOOD SQUARE 3333 STREET RD #101	
CITY-ST-ZIP	BENSALEM PA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KATZ LEWIS	
STREET ADDRESS	2600 PALMAIRE DRIVE NORTH	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LOVELACE RHONDA	
STREET ADDRESS	2600 PALM AIRE DRIVE NORTH	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MURPHY JOANN	
STREET ADDRESS	1 GREENWOOD SQUARE, 3333 ST RD STE 101	
CITY-ST-ZIP	BENSALEM PA	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	GOLDMAN BENJAMIN D	
STREET ADDRESS	1 GREENWOOD SQUARE, 3333 ST RD STE 101	
CITY-ST-ZIP	BENSALEM PA	
TITLE	P	<input type="checkbox"/> Delete
NAME	ORLEANS JEFFERY P	
STREET ADDRESS	1 GREENWOOD SQUARE, 3333 STREET RD STE 101	
CITY-ST-ZIP	BENSALEM PA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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: Rhonda Lovelace

AS

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)