2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005
Secretary of State

DOCUMENT# P94000071749

Entity Name: RESORT AT PALM AIRE, INC.

Current Principal Place of Business:

2600 PALM AIRE DRIVE NORTH
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2600 PALM AIRE DRIVE NORTH
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-0523135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RHONDA J. LOVELACE
2600 PALM AIRE DRIVE NORTH
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ORLEANS, JEFFERY P	
Address:	1 GREENWOOD SQUARE, 3333 STREET RD STE 101	
City-St-Zip:	BENSALEM, PA	
Title:	VPSD	( ) Delete
Name:	GOLDMAN, BENJAMIN D	
Address:	1 GREENWOOD SQUARE, 3333 ST RD STE 101	
City-St-Zip:	BENSALEM, PA	
Title:	AS	( ) Delete
Name:	MURPHY, JOANN	
Address:	1 GREENWOOD SQUARE, 3333 ST RD STE 101	
City-St-Zip:	BENSALEM, PA	
Title:	AS	( ) Delete
Name:	LOVELACE, RHONDA	
Address:	2600 PALM AIRE DRIVE NORTH	
City-St-Zip:	POMPANO BEACH, FL	
Title:	ST	( ) Delete
Name:	KATZ, LEWIS	
Address:	2600 PALMAIRE DRIVE NORTH	
City-St-Zip:	POMPANO BEACH, FL	
Title:	VP	( ) Delete
Name:	REILLY, STEPHEN	
Address:	1 GREENWOOD SQUARE 3333 STREET RD #101	
City-St-Zip:	BENSALEM, PA	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA LOVELACE AS 01/21/2005

Electronic Signature of Signing Officer or Director — Date