

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000072317**1. Entity Name
PALM AIRE RESORTS MANAGEMENT CORP.

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

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

65-0523092

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**LOVELACE RHONDA J**
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)

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, 2001 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	LAPONZINA JOHNNY	
STREET ADDRESS	2600 PALM AIRE DRIVE NORTH	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	V	<input type="checkbox"/> Delete
NAME	MAILLOUX LEE	
STREET ADDRESS	2600 PALM AIRE DRIVE NORTH	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	SVP	<input type="checkbox"/> Delete
NAME	LOVELACE RHONDA J	
STREET ADDRESS	2600 PALM AIRE DRIVE NORTH	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	ORLEANS JEFFREY P	
STREET ADDRESS	1 GREENWOOD SQUARE 3333 STREET RD	
CITY-ST-ZIP	BENSALEM PA	

TITLE	P	<input type="checkbox"/> Delete
NAME	WEBER RICK	
STREET ADDRESS	2600 PALM AIRE DRIVE NORTH	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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**SVP****04/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)