

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90016 037 ****61.25

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1. Entity Name

PALM-AIRE COUNTRY CLUB CONDOMINIUM
ASSOCIATION NO. 12, INC.



Principal Place of Business

Mailing Address

3500 GATEWAY DR.
SUITE 202
POMPANO BCH. FL 33069

3500 GATEWAY DR.
SUITE 202
POMPANO BCH. FL 33069

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1927507

Applied For

Not Applicable

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

SANTORE, BILL
3500 GATEWAY DR
STE 202
POMPANO BCH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	P	<input type="checkbox"/> Delete
NAME	SANTORE, BILL	
STREET ADDRESS	3500 GATEWAY DR	
CITY- ST- ZIP	POMPANO BEACH FL 33069	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRENER, HERB	
STREET ADDRESS	3500 GATEWAY DR	
CITY- ST- ZIP	POMPANO BCH FL 33069	
TITLE	T	<input type="checkbox"/> Delete
NAME	GROSS, JAY	
STREET ADDRESS	932 CYPRESS GROVE DR # 103	
CITY- ST- ZIP	POMPANO BEACH FL 33069	
TITLE	Jelden Dean	<input type="checkbox"/> Delete
NAME	3500 Gateway Dr	
STREET ADDRESS	Pompano Bch. FLA	
CITY- ST- ZIP	33069	
TITLE	Abelove, Norma	<input type="checkbox"/> Delete
NAME	3500 Gateway Dr #202	
STREET ADDRESS	Pompano Bch FL 33069	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	- Director Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. Santore	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	Vice President / treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOW GALE	
STREET ADDRESS	3500 Gateway Dr #202	
CITY- ST- ZIP	Pompano Bch FL 33069	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 110, 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:

[Signature]