## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2008 8:00 am Secretary of State

DOCUMI	ENT # 748218			0	4-25-2008 9	0151 006 ****	*61.25	
1. Entity Name PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO. 12, INC.				4				
3500 GATEWAY DR. 350 Suite 202 Suit		Mailing Address 3500 GATEWAY DR. SUITE 202 POMPANO BCH., FL 330	3500 GATEWAY DR.					
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP	CR2E037 (12/06	)	
City & State		City & State	City & State		7	<del></del>	Applied For Not Applicable	
Zip	Country	Zíp	Country	5. Certificate of St	atus Desired	□ \$8.75 A Fee Requ		
	6. Name and Address of Current R	Registered Agent	Name	7. Name and Add	ress of New Reg	gistered Agent		
SANTORE, BILL								
3500 GATEW STE 202	VAY DR		Street Address (		(P.O. Box Number is Not Acceptable)			
POMPANO BCH, FL 33069								
			City			FL Zip C	ode	
	amed entity submits this statement for	the purpose of changing its re	egistered office or r	egistered agent, or both, in	the State of Florid	da. I am familiar wi	th, and accept	
the obligations	ns of registered agent.							
i								
SIGNATURE								
	gnature, typed or printed name of registered agent a	nd little if applicable. (NOTE:	Registered Agent signature	e required when reinstating)		DATE		
Sig	gnature, typed or printed name of registered agent a illing Fee Is \$61.25 tue by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE ke check payable ta Department of		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and eccurate 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 thetee empowered of 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 a other like empowered.

SIGNATURE:

PRINTEDRAIRE OF SIGNING OFFICER OR DIRECTOR

4/21/08

(94) 979-9059 Daytime Phone #