
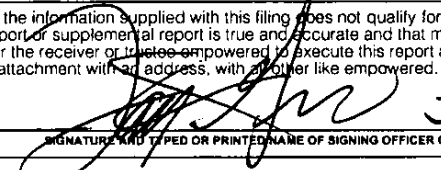


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2008 90151 006 \*\*\*\*61.25

<b>DOCUMENT # 748218</b> 1. Entity Name <b>PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO. 12, INC.</b>					
Principal Place of Business <b>3500 GATEWAY DR. SUITE 202 POMPANO BCH., FL 33069</b>			Mailing Address <b>3500 GATEWAY DR. SUITE 202 POMPANO BCH., FL 33069</b>		
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 <b>59-1927507</b>
5. Certificate of Status Desired <input type="checkbox"/>					Applied For Not Applicable
6. Name and Address of Current Registered Agent  <b>SANTORE, BILL 3500 GATEWAY DR STE 202 POMPANO BCH, FL 33069</b>					7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANTORE, BILL 3500 GATEWAY DR POMPANO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR IRIS FOX 3500 GATEWAY DR #202 Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENER, HERB 3500 GATEWAY DR POMPANO BCH, FL 33069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARVIN LEVY 3500 GATEWAY DR #202 Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSS, JAY 932 CYPRESS GROVE DR # 103 POMPANO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JELDEN, DEAN 3500 GATEWAY DR. POMPANO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABELOVE, NORMA 3500 GATEWAY DR., 202 POMPANO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALE, LOU 3500 GATEWAY DR., 202 POMPANO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
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 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 another like empowered.					
<b>SIGNATURE:</b>  <b>Jay Gross</b> <b>4/21/08</b> <b>(954) 979-9059</b>					