## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009078

FILED Jul 22, 2008 Secretary of State

Entity Name: THE 12TH FAIRWAY CONDOMINIUM FOR UNITS 1301 AND 1303 ASSOCIATION, INC.

Current F	Principal Place of Business:	New Principal Place of Business:
	W.PKWY. DXBURY, MA 02137	
Current N	Mailing Address:	New Mailing Address:
	W.PKWY. DXBURY, MA 02137	
	r: FEI Number Applied For (X) nce with s. 607.193(2)(b), F.S., the corporation of d Address of Current Registered Agent	•
EAVENS	ON, BRADLEY B	
PALM BC	AGÉ SQ. CROSSING, SUITE 207 CH GARDENS, FL 33410 US	
PALM BC	H GARDENS, FL 33410 US	he purpose of changing its registered office or registered agent, or bo
PALM BC The above n the Stat	e named entity submits this statement for the of Florida.	he purpose of changing its registered office or registered agent, or bo
PALM BC The above n the Stat	e named entity submits this statement for the of Florida.	
PALM BC The above n the Stat	EH GARDENS, FL 33410 US e named entity submits this statement for the of Florida.  JRE:	
PALM BC The above In the State BIGNATU  DFFICER Title: Name: Address:	e named entity submits this statement for the of Florida.  JRE:  Electronic Signature of Registered RS AND DIRECTORS:  PD () Delete ARGIROS, MICHAEL 1461 V.F.W. PKWY.	Agent Date
PALM BC The above n the Stat	e named entity submits this statement for the of Florida.  JRE:  Electronic Signature of Registered  RS AND DIRECTORS:  PD () Delete ARGIROS, MICHAEL 1461 V.F.W. PKWY. WEST ROXBURY, MA 02137  TD () Delete MOULIN, ROGER 1461 V.F.W. PKWY.	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title: ( ) Change ( ) Addition Name: Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ARGIROS PD 07/22/2008