

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 720829

(1)

1. Corporation Name

LAUDERDALE OAKS CONDOMINIUM XII, INC.

Principal Place of Business

Mailing Address

3001 NW 46TH AVE BLDG 12  
LAUDERDALE LAKES FL 33313-1827

3001 NW 46TH AVE BLDG 12  
LAUDERDALE LAKES FL 33313-1827

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/30/1971

4. FEI Number

59-1370025

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

WHITMAN, MURRAY  
3001 NW 46TH AVE, APT #307  
LAUDERDALE LAKES FL 33313

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME DAVID MASON  
STREET ADDRESS 3001 NW 46 AVE #401  
CITY-ST-ZIP LAUD LAKES FL

☐ DELETE

TITLE D  
NAME SYLVIA BIENSTOCK  
STREET ADDRESS 3001 NW 46TH AVE #203  
CITY-ST-ZIP LAUDERDALE LAKES FL

☐ DELETE

TITLE D  
NAME PATRICK GOUGE  
STREET ADDRESS 3001 NW 46 AVE #208  
CITY-ST-ZIP LAUDERDALE LAKES FL

☐ DELETE

TITLE TSO  
NAME MENDELSON, PHYLLIS  
STREET ADDRESS 3001 NW 46TH AVE 104  
CITY-ST-ZIP LAUD LAKES, FL 00000

☐ DELETE

TITLE D  
NAME GREEN, SYLVIA  
STREET ADDRESS 3001 NW 46TH AVE  
CITY-ST-ZIP LAUDERDALE LAKES FL

☐ DELETE

TITLE VPD  
NAME GAUTHIER, JEAN  
STREET ADDRESS 3001 NW 46TH AVE 303  
CITY-ST-ZIP LAUD LAKES FL

☐ DELETE

1.1 TITLE DP  
1.2 NAME MURRAY WHITMAN  
1.3 STREET ADDRESS 3001 NW 46TH AVE #307  
1.4 CITY-ST-ZIP LAUDERDALE LAKES, FL 33313

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE D  
4.2 NAME PHYLLIS MENDELSON  
4.3 STREET ADDRESS 3001 NW 46TH AVE #104  
4.4 CITY-ST-ZIP LAUDERDALE LAKES, FL 33313

☒ Change ☐ Addition

5.1 TITLE D ST  
5.2 NAME SYLVIA GREEN  
5.3 STREET ADDRESS 3001 NW 46TH AVE  
5.4 CITY-ST-ZIP LAUDERDALE LAKES, FL 33313

☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Oct 01 1998 8:00am  
Secretary of State



CR2E037 (5/98)