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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720829

1. Corporation Name

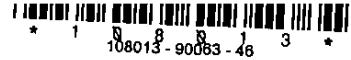
LAUDERDALE OAKS CONDOMINIUM XII, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **GAUTHIER JEAN**
82 Street Address (P.O. Box Number is Not Acceptable)
3001 N.W. 46 AVE APT. 303
83
84 City **LAUDERDALE LAKES FL** 85 Zip Code **33313**

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

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DAVID MASON | |
| STREET ADDRESS | 3001 NW 46 AVE #401 | |
| CITY-ST-ZIP | LAUD LAKES FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SYLVIA BIENSTOCK | |
| STREET ADDRESS | 3001 NW 46TH AVE #203 | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PATRICK GOUGE | |
| STREET ADDRESS | 3001 NW 46 AVE #208 | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MENDELSON, PHYLIS | |
| STREET ADDRESS | 3001 NW 46TH AVE 104 | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL 33313 | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | GREEN, SYLVIA | |
| STREET ADDRESS | 3001 NW 46TH AVE | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL 33313 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | GAUTHIER, JEAN | |
| STREET ADDRESS | 3001 NW 46TH AVE 303 | |
| CITY-ST-ZIP | LAUD LAKES FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | JEAN GAUTHIER | |
| 1.3 STREET ADDRESS | 3001 N.W. 46 AVE #303 | |
| 1.4 CITY-ST-ZIP | LAUD. LKS 33313 | |
| 2.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | CLAIRE DIXON | |
| 2.3 STREET ADDRESS | 3001 N.W. 46 AVE #401 | |
| 2.4 CITY-ST-ZIP | LAUD LKS 33313 | |
| 3.1 TITLE | ALBERT PERALDO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | ALBERT PERALDO | |
| 3.3 STREET ADDRESS | 3001 N.W. 46 AVE #408 | |
| 3.4 CITY-ST-ZIP | LAUD LKS 33313 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | IRENE WISE | |
| 4.3 STREET ADDRESS | 3001 N.W. 46 AVE #101 | |
| 4.4 CITY-ST-ZIP | LAUD. LKS 33313 | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | MURRAY WHITMAN | |
| 5.3 STREET ADDRESS | 3001 N.W. 46 AVE #307 | |
| 5.4 CITY-ST-ZIP | LAUD. LKS | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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, with all other like empowered.

SIGNATURE:

J. GAUTHIER REQUESTED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr

CR2E037 (11/98)