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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **723241** (6)  
1. Corporation Name  
**BEVERLY HILLS CONDOMINIUM NUMBER TWELVE, INC.**



Principal Place of Business Mailing Address  
**5300 WASHINGTON ST U-402 V-511 HOLLYWOOD FL 33021 US**  
**5300 WASHINGTON ST U-402 V-511 HOLLYWOOD FL 33021-7740 US**

3. Date Incorporated or Qualified **04/24/1972** 3a. Date of Last Report **03/17/1996**  
4. FEI Number **59-2391837** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**MADALONE, ANTHONY U-402 5300 WASHINGTON ST HOLLYWOOD FL 33021**  
*Change delete*

10. Name and Address of New Registered Agent  
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: *Michael Ferone, President*  
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	DP	<input checked="" type="checkbox"/> DELETE
NAME	MADALONE, ANTHONY	
STREET ADDRESS	5300 WASHINGTON ST., U-402	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	STAVALONE, LAWRENCE	
STREET ADDRESS	5300 WASHINTONN ST. U 104	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHOPMAKER, FANNIE	DIRECTOR Same
STREET ADDRESS	5300 WASHINGTON ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROTHKIN, DOROTHY	TREASURER Same
STREET ADDRESS	5300 WASHINGTON ST U205	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROTH, IRVING	
STREET ADDRESS	5300 WASHINGTON ST APT 102	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SDP	<input type="checkbox"/> DELETE
NAME	MICHAELSON, KITTYE	Same
STREET ADDRESS	5300 WASHINGTON ST U101	
CITY-ST-ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PPRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL FERONE	
1.3 STREET ADDRESS	5300 WASHINGTON ST - V511	
1.4 CITY-ST-ZIP	HOLLYWOOD, FLA 33021	
2.1 TITLE	1ST V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	IRVING ROTH	
2.3 STREET ADDRESS	5300 WASHINGTON STR - U102	
2.4 CITY-ST-ZIP	HOLLYWOOD, FLA	
3.1 TITLE	2ND V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANGELO MORREALE	
3.3 STREET ADDRESS	5300 WASHINGTON STR - W416	
3.4 CITY-ST-ZIP	HOLLYWOOD FLA 33021	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do 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: *Kittye Michaelson 3/6/97 Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021832

CR2E037 (9/96)