

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 755971 (9)
 1. Corporation Name
TWELFTH COURT TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **817 SE 12TH COURT #4 (REYNOLDS) FT LAUD FL 33316**
 Mailing Address: **817 SE 12TH COURT #4 (REYNOLDS) FT LAUD FL 33316**

3. Date incorporated or Qualified: **01/20/1981**
 3a. Date of Last Report: **07/25/1995**
 4. FEI Number: **59-2367298**
 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: **21**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **27**
 City & State: **28**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
DUFFIELD, JONATHAN
817 S.E. 12TH COURT
FT LAUD FL 33316

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> DELETE
TITLE	D	<input checked="" type="checkbox"/>
NAME	COWARD, ROBERT	
STREET ADDRESS	821 SE 12TH CT	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	MCCOY, DONALD L	
STREET ADDRESS	821 S.E. 12TH COURT	
CITY - ST - ZIP	FT. LAUDERDALE FL 33316	
TITLE	TD	<input type="checkbox"/>
NAME	REYNOLDS, ELIZABETH	
STREET ADDRESS	817 S.E. 12TH COURT	
CITY - ST - ZIP	FT LAUD, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/>
NAME	CLARKE, DAVID	
STREET ADDRESS	817 SE 12TH CT	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	DUFFIELD, JONATHAN	
STREET ADDRESS	817 S.E. 12TH COURT	
CITY - ST - ZIP	FT. LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Ray Strickland		
1.3 STREET ADDRESS	821 S.E. 12th Ct		
1.4 CITY - ST - ZIP	Ft. Lauderdale FL 33316		
2.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Judith Turner		
2.3 STREET ADDRESS	821 S.E. 12th Ct		
2.4 CITY - ST - ZIP	Ft. Laud Fl 33316		
3.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Don McCoy		
3.3 STREET ADDRESS	821 S.E. 12th Ct		
3.4 CITY - ST - ZIP	Ft. Laud FL 33316		
4.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	David Clarke		
4.3 STREET ADDRESS	817 S.E. 12th Ct		
4.4 CITY - ST - ZIP	Ft. Laud FL 33316		
5.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Jonathan Duffield		
5.3 STREET ADDRESS	817 S.E. 12th Ct		
5.4 CITY - ST - ZIP	Ft. Laud FL 33316		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Elizabeth Reynolds* **7/11/96** **402-7779**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)