

**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COWARD, ROBERT</b>	1.2 NAME	<b>Ray Strickland</b>
STREET ADDRESS	<b>821 SE 12TH CT</b>	1.3 STREET ADDRESS	<b>821 S.E. 12th Ct</b>
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	1.4 CITY - ST - ZIP	<b>Ft. Lauderdale FL 33316</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCCOY, DONALD L</b>	2.2 NAME	<b>Judith Turner</b>
STREET ADDRESS	<b>821 S.E. 12TH COURT</b>	2.3 STREET ADDRESS	<b>821 S.E. 12th Ct</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33316</b>	2.4 CITY - ST - ZIP	<b>Ft. Laud Fl 33316</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REYNOLDS, ELIZABETH</b>	3.2 NAME	<b>Don McCoy</b>
STREET ADDRESS	<b>817 S.E. 12TH COURT</b>	3.3 STREET ADDRESS	<b>821 S.E. 12th Ct</b>
CITY - ST - ZIP	<b>FT LAUD, FL 00000</b>	3.4 CITY - ST - ZIP	<b>Ft. Laud FL 33316</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARKE, DAVID</b>	4.2 NAME	<b>David Clarke</b>
STREET ADDRESS	<b>817 SE 12TH CT</b>	4.3 STREET ADDRESS	<b>817 S.E. 12th Ct</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	4.4 CITY - ST - ZIP	<b>Ft. Laud FL 33316</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUFFIELD, JONATHAN</b>	5.2 NAME	<b>Jonathan Duffield</b>
STREET ADDRESS	<b>817 S.E. 12TH COURT</b>	5.3 STREET ADDRESS	<b>817 S.E. 12th Ct</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33316</b>	5.4 CITY - ST - ZIP	<b>Ft. Laud FL 33316</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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** **442-7779**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)