

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 22 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755971 (9)**  
 1. Corporation Name  
**TWELFTH COURT TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>617 SE 12TH COURT #4 (REYNOLDS) FT LAUD FL 33316</b>	Mailing Address <b>817 SE 12TH COURT #4 (REYNOLDS) FT LAUD FL 33316</b>
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3. Date Incorporated or Qualified <b>01/20/1981</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANGIE MEEKS	
1.3 STREET ADDRESS	BZ1 SE 12 CT	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33316	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TURNER, Judith L	
2.3 STREET ADDRESS	817 SE 12 FT	
2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33316	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input 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 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 \_\_\_\_\_

CR2E037 (10/97)