


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90003 032 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755971** ✓

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>01/20/1981</b>	4. FEI Number <b>NOT APPLICABLE</b> Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, RAY	1.2 NAME	
STREET ADDRESS	821 SE 12TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JUDITH L	2.2 NAME	
STREET ADDRESS	821 S.E. 12TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, ELIZABETH	3.2 NAME	
STREET ADDRESS	817 S.E. 12TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, DAVID	4.2 NAME	
STREET ADDRESS	817 SE 12TH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFIELD, JONATHAN	5.2 NAME	
STREET ADDRESS	817 S.E. 12TH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, DON	6.2 NAME	
STREET ADDRESS	821 SE 12TH CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	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: *Jonathan Duffield* **7/10/99** (954) 462-7779  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0005-400  
CR2E037 (5/99)