


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

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 755971 ✓

1. Corporation Name
TWELFTH COURT TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

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| 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 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 01/20/1981 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number NOT APPLICABLE Applied For Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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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 FL 85 Zip Code |
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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)