

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2002 8:00 am
Secretary of State

06-26-2002 90071 008 ****61.25

DOCUMENT # 755971

1. Entity Name

TWELFTH COURT TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

817 SE 12TH COURT #4
 (REYNOLDS)
 FT LAUD FL 33316

817 SE 12TH COURT #4
 (REYNOLDS)
 FT LAUD FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUFFIELD, JONATHAN
817 S.E. 12TH COURT
FT LAUD FL 33316

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Jonathan Duffield

6/6/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	STRICKLAND, RAY	
STREET ADDRESS	821 SE 12TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	D	<input 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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jonathan Duffield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/02

954-462-3483

Date

Daytime Phone #

CR2E037 (9/01)