


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90234 006 ****61.25

DOCUMENT # 755971					
1. Entity Name TWELFTH COURT TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 817 SE 12TH CT #5 FORT LAUDERDALE, FL 33316		Mailing Address 817 SE 12TH CT #5 FORT LAUDERDALE, FL 33316			
2. Principal Place of Business - No P.O. Box #		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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUFFIELD, JONATHAN 817 SE 12TH CT #5 FORT LAUDERDALE, FL 33316				Name <i>Reynolds, Elizabeth</i>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<i>817 SE 12th CT # 4</i>	
				City <i> Ft. Lauderdale</i> FL Zip Code <i> 33316</i>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Elizabeth Reynolds</i>				DATE <i>4/29/08</i>	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<i>POVP</i>	<input type="checkbox"/> Delete	TITLE	<i>T.D.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUFFIELD, JONATHAN		NAME	<i>Bartolomew, Beth</i>	
STREET ADDRESS	817 SE 12TH CT, #5		STREET ADDRESS	<i>817 SE 12th CT # 3</i>	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP	<i>Ft Lauderdale, FL 33316</i>	
TITLE	<i>POD</i>	<input type="checkbox"/> Delete	TITLE	<i>D. Amy Hill</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LENART, PETER		NAME	<i>821 SE 12th CT # 6</i>	
STREET ADDRESS	821 SE 12TH CT, #7		STREET ADDRESS	<i>Ft Lauderdale, FL 33316</i>	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE	<i>POPD</i>	<input type="checkbox"/> Delete	TITLE	<i>Strickland, Ray</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, ELIZABETH		NAME	<i>821 SE 12th CT # 10</i>	
STREET ADDRESS	817 SE 12TH CT, #4		STREET ADDRESS	<i>Ft Lauderdale, FL</i>	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE	<i>POSD</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, ERIN		NAME		
STREET ADDRESS	821 SE 12TH CT, #9		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JUDITH		NAME		
STREET ADDRESS	817 SE 12TH CT, #1		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE	<i>D</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, DONALD		NAME		
STREET ADDRESS	821 SE 12TH CT, #8		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Elizabeth Reynolds Elizabeth Reynolds, President 4/16/08</i>				Date <i>954-</i> <i>462-7779</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	