

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90375 010 \*\*\*\*61.75

**DOCUMENT # 755971**



1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**  
Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DUFFIELD, JONATHAN  
817 S.E. 12TH COURT  
FT LAUD FL 33316**

7. Name and Address of New Registered Agent  
Name: **Ray Strickland**  
Street Address (P.O. Box Number is Not Acceptable)  
**B21 SE 12th Court #10**  
City: **Fort Lauderdale** FL Zip Code: **33316**

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

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

9. Election Campaign Financing Trust Fund Contribution.  **\$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	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		
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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: DATE: **4/15/03**

CR2E037 (10/02)