

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720829

**Entity Name:** LAUDERDALE OAKS CONDOMINIUM XII, INC.

**Current Principal Place of Business:**

3001 NW 46TH AVE BLDG 12  
LAUDERDALE LAKES, FL 33313-1827

**Current Mailing Address:**

C/O CASTLE MGMT INC  
12270 SW 3RD STREET 200  
PLANTATION, FL 33325 US

**FEI Number:** 59-1370025

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KATZMAN GARFINKEL  
5297 WEST COPANS ROAD  
MARGATE, FL 33063 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           DAVIS, GEORGE  
Address        3001 NW 46 AVE #307  
City-State-Zip: FORT LAUDERDALE FL 33313

Title           TREASURER, SECRETARY  
Name           PERALDO, MARGHERITA  
Address        3001 NW 46 AVE, #409  
City-State-Zip: LAUDERDALE LAKES FL 33313

Title           PRESIDENT  
Name           DIXON, CLARE  
Address        3001 NW 46 AVE, #407  
City-State-Zip: LAUDERDALE LAKES FL 33313

Title           VP, SECRETARY  
Name           POIRIER, CLAUDE  
Address        3001 NW 46TH AVE  
                  210  
City-State-Zip: LAUDERDALE LAKES FL 33313

Title           DIRECTOR  
Name           LOCCHI, ROMILDA  
Address        3001 NW 46TH AVE  
City-State-Zip: LAUDERDALE LAKES FL 33313

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLARE DIXON

**PRESIDENT**

**03/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date