

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727289

**FILED**  
**Feb 19, 2014**  
**Secretary of State**  
**CC4255656002**

**Entity Name:** TOWNSITE APARTMENTS XII, INC.

**Current Principal Place of Business:**

C/O JANET VANKLEECK  
310 NORTH, APT. 5  
LAKE WORTH, FL 33460

**Current Mailing Address:**

PO BOX 1009  
LAKE WORTH, FL 33460

**FEI Number:** 59-1512695

**Certificate of Status Desired:** No

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

OK REAL ESTATE  
242 DARTMOUTH DR  
LAKE WORTH, FL 33460 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 PD  
Name VANKLEECK, JANET  
Address 310 NORTH K STREET APT. #5  
City-State-Zip: LAKE WORTH FL 33460

Title VPD  
Name KONDES, NICHOLAS  
Address 217 WASHINGTON AVE.  
City-State-Zip: WESTWOOD NJ 07675

Title STD  
Name ANDERSON, SERRIN  
Address 310 NORTH "K" STREET #2  
City-State-Zip: LAKE WORTH FL 33460

*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:** JANET VAN KLEECK

**PRESIDENT**

**02/19/2014**

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

\_\_\_\_\_  
Date