

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715705 (0)

1. Corporation Name
LAUDERDALE OAKS CONDOMINIUM I, INC.



Principal Place of Business Mailing Address
3061 N.W. 47TH TERRACE LAUDERDALE LAKES FL 33313

3. Date Incorporated or Qualified **02/27/1970** 3a. Date of Last Report **03/16/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		39-1353538	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	Zip		Country			
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CARLSON, MILDRED M
3061 NW 47TH TERR
APT 131C
LAUDERDALE LAKES FL 33313**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Mildred M. Carlson DATE 2-5-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODER, PEARL	1.2 NAME	Anne Kanaly
STREET ADDRESS	2901 NW 47TH TERR.	1.3 STREET ADDRESS	2901 N.W. 47th Terr
CITY-ST-ZIP	LAUDERDALE LAKES FL	1.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33313
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, MILDRED	2.2 NAME	Anne Franzen
STREET ADDRESS	3061 NW 47TH TERR.	2.3 STREET ADDRESS	2901 N.W. 47th Terr.
CITY-ST-ZIP	LAUDERDALE LAKES FL	2.4 CITY-ST-ZIP	Lauderdale Lakes, FL, 33313
TITLE	MT <input type="checkbox"/> DELETE	3.1 TITLE	MT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, VICTOR	3.2 NAME	George Vanderparten
STREET ADDRESS	3061 NW 47TH TERR.	3.3 STREET ADDRESS	2901 N.W. 47th Terr
CITY-ST-ZIP	LAUDERDALE LA	3.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33313
TITLE	M <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANES, RICHARD	4.2 NAME	Vera Herman
STREET ADDRESS	2901 NW 47TH TERR.	4.3 STREET ADDRESS	3061 N.W. 47th Terr
CITY-ST-ZIP	LAUD LAKES, FL 00000	4.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33313
TITLE	MD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JILLINGS, HENRI	5.2 NAME	M Max Fox
STREET ADDRESS	3061 NW 47 TERR	5.3 STREET ADDRESS	3061 N.W. 47th Terr
CITY-ST-ZIP	LAUD LAKES, FL 00000	5.4 CITY-ST-ZIP	Lauderdale Lakes FL 33313
TITLE	RD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPAS, JULES	6.2 NAME	
STREET ADDRESS	3061 NW 47TH TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUD LAKES, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mildred M. Carlson DATE 2-5-96 DAYTIME PHONE # 731-4375

CR2E037 (12/95)