

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90021 049 ****61.25

DOCUMENT # 715705

1. Entity Name

LAUDERDALE OAKS CONDOMINIUM I, INC.

Principal Place of Business

**3061 N.W. 47TH TERRACE
 LAUDERDALE LAKES FL 33313**

Mailing Address

**3061 N.W. 47TH TERRACE
 LAUDERDALE LAKES FL 33313-1785**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

39-1353538

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KANALY, ANNE
 2901 NW 47TH TERRACE
 APT 149
 LAUDERDALE LAKES FL 33313**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	KANALY, ANNE	
STREET ADDRESS	2901 NW 47 TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANZEN, ANNE	
STREET ADDRESS	2901 NW 47TH TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FOX, MAX	
STREET ADDRESS	3061 NW 47TH TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, GILLIES	
STREET ADDRESS	2901 NW 47 TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARPAS, JULES	
STREET ADDRESS	3061 NW 47 TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *SIGNATURE REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00 (954) 735-6367

Date Daytime Phone #