

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 17 PM 3 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **718243** (9)
1. Corporation Name
LAUDERDALE OAKS CONDOMINIUM 5, INC.

Principal Place of Business Mailing Address
2001 N.W. 47TH TERRACE 2001 N.W. 47TH TERRACE
LAUDERDALE LAKES FL 33313 LAUDERDALE LAKES FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/23/1970	3a. Date of Last Report 02/14/1994
4. FEI Number 59-1350952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25 29 30

9. Name and Address of Current Registered Agent
**COPELAND, EDWARD E.
2801 NW 47TH TERR
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
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZENNER, ANNE
STREET ADDRESS	2801 NW 47 TERRACE
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	SD
NAME	SAVATH, SYLVIA
STREET ADDRESS	2801 NW 47 TERRACE
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	TD
NAME	ZOPHIN, ALICE
STREET ADDRESS	2801 NW 47 TERRACE
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	VD
NAME	COPELAND, EDWARD
STREET ADDRESS	2801 NW 47 TERRACE
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	VD
NAME	BIRNBAUM, LESTER
STREET ADDRESS	2801 NW 47 TERR
CITY-ST-ZIP	LAUDERDALE LKS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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: ANNE ZENNER, Pres Feb. 16, 1995
(SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR) Date Daytime Phone #