

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 718243 (9)

1. Corporation Name
LAUDERDALE OAKS CONDOMINIUM 5, INC.



Principal Place of Business Mailing Address
2801 N.W. 47TH TERRACE LAUDERDALE LAKES FL 33313
2801 N.W. 47TH TERRACE LAUDERDALE LAKES FL 33313

3. Date Incorporated or Qualified **03/23/1970** 3a. Date of Last Report **02/17/1995**
4. FEI Number **59-1350952** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 24. Country 25. Zip 29. Country 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 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 _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ZENNER, ANNE	
STREET ADDRESS	2801 NW 47 TERRACE	
CITY - ST - ZIP	LAUDERDALE LAKES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAVATH, SYLVIA	
STREET ADDRESS	2801 NW 47 TERRACE	
CITY - ST - ZIP	LAUDERDALE LAKES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ZOPHIN, ALICE	
STREET ADDRESS	2801 NW 47 TERRACE	
CITY - ST - ZIP	LAUDERDALE LAKES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COPELAND, EDWARD	
STREET ADDRESS	2801 NW 47 TERRACE	
CITY - ST - ZIP	LAUDERDALE LAKES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BIRNBAUM, LESTER	
STREET ADDRESS	2801 NW 47 TERR	
CITY - ST - ZIP	LAUDERDALE LKS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Schiff, Rita	
1.3 STREET ADDRESS	same	
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	Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ZENNER, ANNE	
3.3 STREET ADDRESS	same	
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	V. PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TRUDEAU, YVON	
5.3 STREET ADDRESS	same	
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 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: Rita Schiff Pres. 2/4/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)