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

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 718243**

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 US

## FILED Mar 23, 1999 8:00 am s Secretary of State

03-23-1999 90015 008 \*\*\*\*61.25



2. Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed 03/23/1970		_		
21 4 8	OT NW 4 ( 100)	26 Suite Ant # etc	<u></u>		4. FEI Number		Apr	olied For	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			59-1350952			Applicable	
City & State City & State				<del></del>			\$8.75 A		35
23 Laurendile Lakeres				<b>\</b>	5. Certifcate of Status Desired		Fee Rec		
Zin Country , Zip				у	6. Election Campaign Financing		\$5.00 N	May Be	
24 Fp, 333/ 2 25 Broward 29 30					Trust Fund Contribution	<u> </u>	Added to	Fees	
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered Agent					
				Name 5	Hefanic Dor	ald	,		
DONALD, STEFANIC			8:	2 Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
2801 N.W. 47TH TERRACE			<u></u>	280	11 NW. 411e	m			
LAUDERDALE LAKES FL 33313			8:	3	*				
			8	4 City	1 1-1 -		85 Zip C	ode .	
	,		- 1	1 da	uderdale dake	ろ FL	33	<u> 3313</u>	
11. Pursuant to the provisions of Sections 61/10502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered									
11. Pursuant to the provisions of Sections 61/0502 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 Elocida. 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 appointment of the purpose of changing its registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent.									
SIGNATURE*	Our Mest Stillen				3/1	16 M	4	l	
SIGNATURE	Signature, typical or printed reprie of registered agent a			ent signature require		DATE /	DIDECTO	DO (N. 42	é
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI				7
TITLE	PD / /. /	DELETE 1.11				ì	Change	☐ Addition	•
NAME	SCHIFF, RITA		1.2 NAME			•			5
STREET ADDRESS	2801 NW 47 TERRACE		1.3 STREET ADDRESS						Ĭ
CITY-ST-ZIP	LAUDERDALE LAKES FL			ST-ZIP		<u> </u>		- A 1385	è
TITLE	SD	☐ DELETE	2.1 TITLE			Į	Change	☐ Addition	
NAME	Savath, Sylvia		2.2 NAME						
STREET ADDRESS	2801 NW 47 TERRACE		2.3 STREET ADDRESS						
-CITY-ST, ZIP	LAUDERDALE LAKES FL			-ST-ZIP					ļ
TITLE	TD	☐ DELETE	3.1 TITLE			استرحمس	Change_	Addition	
NAME	COPELAND, EDWARD		3.2 NAME						l
STREET ADDRESS	2801 N.W. 47TH TERRACE			ET ADDRESS	•				ı
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313		3.4. CITY-ST-ZIP						ŀ
TITLE			4.1 TITLE			ſ	Change	☐ Addition	ſ
NAME	MILLER, ROBERTO	•	4, 2 NAM	E					ı
STREET ADDRESS	2801 N.W. 47TH TERRACE		4.3 STRE	ET ADDRESS					l
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313		4.4 CITY	ST-ZIP					ı
TITLE	VPD	☐ DELETE	5.1 TITLE			1	Change	☐ Addition	l
NAME	DONALD, STEFANIC		5.2 NAMI	•				ļ	i
STREET ADDRESS	2801 N.W. 47TH TERRACE		5.3 STREET ADDRESS		-	•		ļ	ĺ
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313		5.4 CITY-ST-ZIP				· · · · ·		ĺ
TITLE	D	☐ DELETE	6.1 TITLE		41-5	• • •	Change	☐ Addition	l
NAME	KATZ, LARRY		6.2 NAM	•					l
STREET ADDRESS	2801 N.W. 47TH TERRACE		6.3 STRE	ET ADDRESS	•			,	İ
GENERAL PROPERTY	LAUDEDDALE LAVES EL 22212		6.4 CITY	.ST-ZIP					i

14. 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 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 an attachment with an address, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/16/99

Daytime Phone #