

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90258 032 ****61.25



DOCUMENT # 718243	
1. Entity Name LAUDERDALE OAKS CONDOMINIUM 5, INC.	
Principal Place of Business 2801 N.W. 47TH TERRACE LAUDERDALE LAKES FL 33313 US	Mailing Address C/O CASTLE MANAGEMENT INC P O BOX 189013 PLANTATION FL 33318 US
2. Principal Place of Business	3. Mailing Address <i>C/O Castle Management Inc</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-1350952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, ROBERTA 2801 NW 47TH TERR LAUDERDALE LAKES FL 33313	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHIFF, RITA 2801 NW 47 TERRACE LAUDERDALE LAKES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Marcel Cote</i> <i>2801 NW 47th Terrace</i> <i>#403</i> <i>Lauderdale Lakes, FL</i> <i>33313</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAVALLEE, IRENE 2801 NW 47 TERRACE FORT LAUDERDALE FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <i>Irene Lacasse</i> <i>2801 NW 47th Terrace</i> <i>#304</i> <i>Lauderdale Lakes, FL 33313</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUIE, ROGER 2801 NW 47TH TERR LAUDERDALE LAKES FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Jacques Carriere</i> <i>2801 NW 47 Terrace</i> <i>#303</i> <i>Lauderdale Lake FL 33313</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THIVIERGE, GUY 2801 NW47 AVE 103 LAUDERDALE LAKES FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Stewart Bulford</i> <i>2801 NW 47th Terrace</i> <i>#105</i> <i>Lauderdale Lakes FL 33313</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, ROBERTA 2801 NW 47TH TERR LAUDERDALE LAKES FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, LARRY 2801 N.W. 47TH TERRACE LAUDERDALE LAKES FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Roberta Rancourt Miller* *April 15, 2004* *954-485-5179*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #