

Lauderdale Oaks Cor

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

05-04-2005 90104 048 ****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

14016253



2. Principal Place of Business
3. Mailing Address
C/O CASTLE GROUP

Suite, Apt. #, etc.
Suite, Apt. #, etc.
P.O. BOX 559009

03082005 Chg-NP CR2E037 (10/03)

City & State
City & State
FT. LAUDERDALE, FL

4. FEI Number
59-1350952
Applied For
Not Applicable

Zip
Country
Zip
33355-9009
Country

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, ROBERTA
2801 NW 47TH TERR
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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.
\$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD COTE, MARCEL; SD LACASSE, IRENE; D CARRIERE, JACQUES; TD THIVIERGE, GUY; VPD MILLER, ROBERTA; D KATZ, LARRY.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include additions for 2801 NW 47TH TERRACE #103 and 2801 WN 47TH TERRACE LAUDERDALE LAKES, FL 33313.

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: Roberta Rancourt Miller ROBERTA RANCOURT MILLER VP
Date 4/29/05 Daytime Phone #

954-485-5179