

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90012 003 \*\*\*\*61.25



<b>DOCUMENT # 718243</b>		1. Entity Name <b>LAUDERDALE OAKS CONDOMINIUM 5, INC.</b>	
Principal Place of Business <b>2801 N.W. 47TH TERRACE LAUDERDALE LAKES, FL 33313 US</b>		Mailing Address <b>LAUDERDALE OAKS CONDOMINIUMS 2801 NORTH 47 TERRACE LAUDERDALE LAKES, FL 33313 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>LAUDERDALE OAKS CONDOS, INC</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>2801 NW 47TH TERRACE</b>	
City & State		City & State <b>LAUDERDALE LAKES, FL</b>	
Zip	Country	Zip	Country
<b>33313</b>	<b>U.S.</b>	<b>33313</b>	<b>U.S.</b>
4. FEI Number <b>59-1350952</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>MILLER, ROBERTA 2801 NW 47TH TERR LAUDERDALE LAKES, FL 33313</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIO, FERRI 2801 NW 47TH TERRACE LAUDERDALE LAKES, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRI, MARIO 2801 NW 47TH TERRACE LAUDERDALE LAKES, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT COTE, NICOLE 2801 NW 47TH TERRACE #304 LAUDERDALE LAKES, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATEAUDE, FLAINE 2801 NW 47TH TERRACE LAUDERDALE LAKES, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIERE, JACQUES 2801 NW 47 TERRACE #303 LAUDERDALE LAKES, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEMAY, JACQUES 2801 NW 47TH TERRACE LAUDERDALE LAKES, FL 33313 <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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONEAU, PIERRE 2801 NW 47TH TERRACE LAUDERDALE LAKES, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, LLOYD 2801 N.W. 47TH TERRACE LAUDERDALE LAKES, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONAPARTE, VIOLET 2801 NW 47TH TERRACE LAUDERDALE LAKES, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROBERTA 2801 NW 47TH TERRACE LAUDERDALE LAKES, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> _____		NICOLE COTE <i>January 15/08 (954) 735-4548</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	