


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90170 014 ****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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1350952**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHIFF, RITA	
STREET ADDRESS	2801 NW 47 TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SAVATH, SYLVIA	
STREET ADDRESS	2801 NW 47 TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUIE, ROGER	
STREET ADDRESS	2801 NW 47TH TERR	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THIVIERGE, GUY	
STREET ADDRESS	2801 NW47 AVE 103	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MILLER, ROBERTA	
STREET ADDRESS	2801 NW 47TH TERR	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZ, LARRY	
STREET ADDRESS	2801 N.W. 47TH TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irene VAVALIEE	
STREET ADDRESS	2801 NW 47 Terr	
CITY-ST-ZIP	LAUDERDALE FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Rita Schiff* **REQUIRED** Rita Schiff, President 1/17/03 (954) 792-6000

CR2E037 (10/02)