

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90256 039 ****61.25

DOCUMENT # 718260

1. Entity Name

LAUDERDALE OAKS CONDOMINIUM 7, INC.



Principal Place of Business

2861 N.W. 47TH TERRACE
 FT. LAUDERDALE FL 33313

Mailing Address

C/O CASTLE MGMT INC
 PO BOX 189013
 PLANTATION FL 33318

94075812



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

c/o Castle Management Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1357421

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTLE MANAGEMENT INC
 4450 W SUNRISE BOULEVARD
 SUITE C-100
 PLANTATION FL 33313

Name

LARRY Z. GLICKMAN, ESQ.

Street Address (P.O. Box Number is Not Applicable)

SACHS, SAX, KRIEIN

301 YAMATO ROAD, SUITE 4150

City

DECA RATON

FL

Zip Code

33431

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

[Signature] **LARRY Z. GLICKMAN** **4/26/04**

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JEAN-GUY, BERTRAND	
STREET ADDRESS	2861 NW 47 TERRACE 108	
CITY-ST-ZIP	LAUDERDALE LKS FL 33313	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEVESQUE, DORIS	
STREET ADDRESS	2861 NW 47 TERR	
CITY-ST-ZIP	LAUDERDALE LKS FL 33313	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEVESQUE, BILL	
STREET ADDRESS	2861 NW 47 TERR	
CITY-ST-ZIP	LAUDERDAL LAKES FL 33313	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HUGUETTE, SYLVAIN	
STREET ADDRESS	2861 NW 47 TERRACE 103	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWEENEY, ROSE	
STREET ADDRESS	2861 NW 47 TERR	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Rene Campagna</i>	
STREET ADDRESS	<i>2861 NW 47 Terrace #202</i>	
CITY-ST-ZIP	<i>LAUDERDALE LAKES, FL 33313</i>	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>LEVESQUE, BILL</i>	
STREET ADDRESS	<i>2861 NW 47th TERR</i>	
CITY-ST-ZIP	<i>LAUDERDALE LAKE FL 33313</i>	
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: *Rene Campagna*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 **954-731-7181**
 Date Daytime Phone #