

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


Lauderdale Oaks Con

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

05-04-2005 90148 033 \*\*\*\*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 MANAGEMENT INC  
 PO BOX 189013  
 PLANTATION, FL 33318

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**C/O CASTLE GROUP**  
 Suite, Apt. #, etc.  
**P.O. BOX 559009**  
 City & State  
**FT. LAUDERDALE, FL**  
 Zip  
**33355-9009**

Country



03082005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1357421**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GLICKMAN, LARRY Z ESQ.**  
**SACHS SAX KLEIN**  
**301 YAMATO RD STE 4150**  
**BOCA RATON, FL 33431**

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

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JEAN-GUY, BERTRAND 2861 NW 47 TERRACE 108 LAUDERDALE LKS, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BERTRAND, JEAN GUY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COMPANNA, RENE 2861 NW 47 TERR LAUDERDALE LKS, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CAMPAGNA, RENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LEVESQUE, BILL 2861 NW 47 TERR LAUDERDAL LAKES, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LEVESQUE, VILLENEUVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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)(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:** *Jean Guy Bertrand* **Jean Guy Bertrand** **4/29/05** **954-739-1878**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #