


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY 23 PM 1:50

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
66015843

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 559009 FORT LAUDERDALE, FL 33355-9009	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1357421		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GLICKMAN, LARRY Z ESQ. SACHS SAX KLEIN 301 YAMATO RD STE 4150 BOCA RATON, FL 33431		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BERTRAND, JEAN-GUY 2861 NW 47 TERRACE 108 LAUDERDALE LKS, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2861 NW 47TH TERRACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPAGNA, RENE 2861 NW 47 TERR LAUDERDALE LKS, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEVESQUE, VILLENEUVE 2861 NW 47 TERR LAUDERDAL LAKES, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D MAILLOUX, DOROTHY 2861 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	D ZORBAS, GUS 2861 NW 47TH TERRACE LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Change <input checked="" 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.			
SIGNATURE: <i>Dorothy Mailloux</i> DOROTHEE MAILLOUX 5-11-07-954730-9632 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR</small>			



02152007 Chg-NP CR2E037 (12/06)