

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729094 (3)**  
 1. Corporation Name  
**LAUDERHILL GARDENS TOWNHOUSES CONDOMINIUM, INC.**



Principal Place of Business 4101 NW 19 STREET LAUDERHILL FL 33313-7040	Mailing Address 4101 NW 19 STREET LAUDERHILL FL 33313-7040
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3. Date Incorporated or Qualified <b>03/18/1974</b>
4. FEI Number <b>59-1784552</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

**DALEY, SHARON M**  
**4101 NW 19TH ST**  
**LAUDERHILL FL 33313**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCKOY, PEARLITA	
STREET ADDRESS	4101 NW 19 ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DALEY, SHARON	
STREET ADDRESS	4101 NW 19 ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROWN, SYDNEY	
STREET ADDRESS	4101 NW 19 ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VICKERS, YVONNE	
STREET ADDRESS	4101 NW 19 ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTISTE, OSWALD	
STREET ADDRESS	4101 NW 19 ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, MARY	
STREET ADDRESS	4101 NW 19 ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: IGNATIUS BROWN VP 1/24/98 954-4849734

CR2E037 (10/97)