


2005**CORPORATION
ANNUAL REPORT (AR)****FILED
Mar 11, 2005 8:00 am
Secretary of State**

03-11-2005 90305 040 ***150.00

DOCUMENT # N10000004851					
1. Entity Name LAUDERDALE OAKS MANAGEMENT CORPORATION					
Principal Place of Business 3060 N.W. 47 TERRACE LAUDERDALE LAKES FL 33313 US			Mailing Address 3060 N.W. 47 TERRACE LAUDERDALE LAKES FL 33313 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 59-1453233				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 ROAD, STE 4150 WEST PALM BEACH FL 33421			Name Castle Management Street Address (P.O. Box Number is Not Acceptable) 4450 W. Sunrise Blvd. Suite C-100 City Plantation FL Zip Code 33313		
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 <u><i>Larry Z Glickman</i></u> LARRY GLICKMAN DATE <u><i>3/7/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2 DAGENAIS, JC 3001 NW 36 AVE. #12 LAUDERDALE LAKES FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP.1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3001 NW 46th Ave.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACK, JAMES 2800 NW 47TH TERRACE 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	SD DANOURAND, DENISE 3051 NW 46TH AVE. LAUDERDALE LAKES FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dandurand, Denyse <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOSINE, RAWLE 2990 NW 46TH AVE. LAUDERDALE 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	D KANALY, ANNE 2091 NW 47TH TERR. LAUDERDALE LAKES FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2901 NW 47th Terrace <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANDURAND, DENYSE 3051 NW 46TH TERRACE FORT LAUDERDALE FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barbara Kalkanajian 3081 NW 47th Terrace Lauderdale Lakes FL 33313		
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 607, 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 lists empowered.					
SIGNATURE: <u><i>A B Black</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>4/23/05</i></u> <u><i>954 739 1878</i></u> <small>Date Daytime Phone #</small>		