

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715705 (0)

1. Corporation Name

LAUDERDALE OAKS CONDOMINIUM I, INC.



Principal Place of Business	Mailing Address
3061 N.W. 47TH TERRACE LAUDERDALE LAKES FL 33313	3061 N.W. 47TH TERRACE LAUDERDALE LAKES FL 33313

3. Date Incorporated or Qualified 02/27/1970	3a. Date of Last Report 03/16/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 39-1353538	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

CARLSON, MILDRED M
3061 NW 47TH TERR
APT 131C
LAUDERDALE LAKES 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	FL
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 *Mildred M. Carlson*

2-5-96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODER, PEARL	1.2 NAME	Anne Kanaly
STREET ADDRESS	2901 NW 47TH TERR.	1.3 STREET ADDRESS	2901 N.W. 47th Terr
CITY-ST-ZIP	LAUDERDALE LAKES FL	1.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33313
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, MILDRED	2.2 NAME	Anne Franzen
STREET ADDRESS	3061 NW 47TH TERR.	2.3 STREET ADDRESS	2901 N.W. 47th Terr.
CITY-ST-ZIP	LAUDERDALE LAKES FL	2.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33313
TITLE	MT <input type="checkbox"/> DELETE	3.1 TITLE	MT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, VICTOR	3.2 NAME	George Vanderporten
STREET ADDRESS	3061 NW 47TH TERR.	3.3 STREET ADDRESS	2901 N.W. 47th Terr
CITY-ST-ZIP	LAUDERDALE LA	3.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33313
TITLE	M <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANES, RICHARD	4.2 NAME	Vera Herman
STREET ADDRESS	2901 NW 47TH TERR.	4.3 STREET ADDRESS	3061 N.W. 47th Terr
CITY-ST-ZIP	LAUD LAKES, FL 00000	4.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33313
TITLE	MD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	M <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JILLINGS, HENRI	5.2 NAME	Max Fox
STREET ADDRESS	3061 NW 47 TERR	5.3 STREET ADDRESS	3061 N.W. 47th Terr
CITY-ST-ZIP	LAUD LAKES, FL 00000	5.4 CITY-ST-ZIP	Lauderdale Lakes FL 33313
TITLE	RD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	KARPAS, JULES	6.2 NAME	
STREET ADDRESS	3061 NW 47TH TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUD LAKES, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mildred M. Carlson

2-5-96

Date

Daytime Phone #

731-4375

CR2E037 (12/95)