


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Lauderdale Oaks Cr

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

05-04-2005 90104 045 ****61.25

DOCUMENT # 715705			
1. Entity Name LAUDERDALE OAKS CONDOMINIUM I, INC.			
Principal Place of Business 3061 N.W. 47TH TERRACE LAUDERDALE LAKES, FL 33313		Mailing Address C/O CASTLE MGMT. P.O. BOX 189013 PLANTATION, FL 33318	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		C/O CASTLE GROUP Suite, Apt. #, etc. P.O. BOX 559009	
City & State		City & State FT LAUDERDALE, FL	
Zip	Country	Zip	Country
33355-9009			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KANALY, ANNE 2901 NW 47TH TERRACE APT 149 LAUDERDAL LAKES, FL 33313		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 reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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	PDTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANALY, ANNE	NAME	
STREET ADDRESS	2901 NW 47 TERRACE UNIT #149	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISANI, ROCCO	NAME	
STREET ADDRESS	3061 NW 47TH TERRACE #134	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANASTASIO, BARBARA	NAME	ROTHWELL, BERNIE
STREET ADDRESS	2901 NW 47 TERRACE UNIT #245	STREET ADDRESS	2901 WE 47TH TERRACE
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCEQUE, GEORGE	NAME	
STREET ADDRESS	2901 NW 47TH TERRACE #339	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADAR, MIRIAM	NAME	
STREET ADDRESS	3061 NW 47 TERRACE UNIT #333	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBA, JOHN	NAME	
STREET ADDRESS	3061 NW 47TH TERRACE #233	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	CITY-ST-ZIP	
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: <i>Rocco Pisani</i>		4/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
Rocco Pisani, Vice President		954-751-8414	