# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 12, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # 718505

1. Entity Name

LAUDERDALE MANORS HOME OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| LAUDERDALE MANOR RECREATION CENTER<br>1340 CHATEAU PARK DRIVE<br>FT. LAUDERDALE FL 33311<br>US | C/O LAUD. MANORS HOMEOWNERS ASSOC. IN<br>PO BOX 5471<br>FT LAUDERDALE FL 33310<br>US |

1st MOORE CR2E037 (10/06)

| 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 59-1713295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ULMER, DENNIS<br>1007 NW 11TH PLACE<br>FT. LAUDERDALE FL 33311 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. DENNIS ULMER

SIGNATURE Dennis Ulmer 3/7/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| **FILE NOW: FEE IS $61.25**<br>**Due By May 1, 2007** | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | P<br>ELIJAH, EDNA<br>1524 NW 12 CT.<br>FT LAUDERDALE FL 33311 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>U00000665451<br>03/23/07-80029-021 70.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>HARDING, BERNADETTE<br>1601 NW 14TH CT<br>FT. LAUDERDALE FL 33311 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARBUARY, HENRY<br>1642 N.W. 14TH STREET<br>FT LAUDERDALE FL 33311 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CONNIE, BAILEY<br>1172 NW 15TH STREET<br>MIAMI FL 33111 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GOODEN, DOROTHY<br>1418 NW 11TH PLACE<br>FORT LAUDERDALE FL 33311 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FOSTER, FAYE<br>2000 N.W. 11TH AVENUE<br>FT LAUDERDALE FL 33311 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Edna Elijah 3-7-07 954-522-6683