


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90018 014 ****61.25

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|---|---|--|---|---|--|
| 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 GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355 | | |
| 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 39-1353538 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| GLICKMAN, LARRY Z SACHS, SAX & KLEIN 301 YAMATO ROAD, STE 4150 BOCA RATON, FL 33431 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD LYONS, ERIC 3061 NW 47TH TERRACE #326 LAUDERDALE LAKES, FL 33313 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AL TORRES GOMEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3061 NW 47TH TERR. #321 LAUDERDALE LAKES, FL 33313 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ULETT, CHARLES 2901 NE 47TH TERR #143 LAUDERDALE LAKES, FL 33313 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Rocco PISANI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3061 NW 47TH TERR. #134 LAUDERDALE LAKES, FL 33313 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD POTRUCH, JEAN 3061 NW 47 TERRACE UNIT #334 LAUDERDALE LAKES, FL 33313 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ANA CRESPO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3061 NW 47 TERR #329 LAUDERDALE LAKES FL 33313 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FICICELLI, LUIGI 3061 NW 47TH TERRACE #126 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 YOUNG, MICHAEL 2901 NW 47TH TERRACE #140 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 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: 1/8/08 Daytime Phone # _____ | | |