

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718260

**Entity Name:** LAUDERDALE OAKS CONDOMINIUM 7, INC.

**Current Principal Place of Business:**

2861 NW 47TH TERRACE  
LAUDERDALE LAKES, FL 33313

**Current Mailing Address:**

LAUDERDALE OAKS CONDOMINIUM 7, INC.  
2861 NW 47TH TERRACE  
LAUDERDALE LAKES, FL 33313

**FEI Number:** 59-1357421

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PHOENIX MANAGEMENT SERVICES, INC  
4800 N. STATE ROAD 7  
105  
LAUDERDALE LAKES, FL 33319 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FOURNIER, REJEAN  
Address        4800 N. STATE ROAD SEVEN  
                  SUITE #105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            TD  
Name            FORTIER, PIERRE  
Address        4800 N. STATE ROAD SEVEN  
                  SUITE #105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            SECRETARY  
Name            MALTAIS, CARL  
Address        4800 N. STATE ROAD 7  
                  SUITE #105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            DIRECTOR  
Name            DION, JEAN-NOEL  
Address        C/O PHOENIX MANAGEMENT  
                  SERVICES, INC  
                  4800 N STATE RD 7 STE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            DIRECTOR  
Name            FOSKO, MICHAEL  
Address        C/O PHOENIX MANAGEMENT  
                  SERVICES, INC  
                  4800 N. STATE RD 7 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PIERRE FORTIER

TD

02/11/2016

Electronic Signature of Signing Officer/Director Detail

Date