

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718505

Entity Name: LAUDERDALE MANORS HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**LAUDERDALE MANOR RECREATION CENTER
1340 CHATEAU PARK DRIVE
FT. LAUDERDALE, FL 33311**Current Mailing Address:**C/O LAUD. MANORS HOMEOWNERS ASSOC. INC.
PO BOX 5471
FT LAUDERDALE, FL 33310 US**FEI Number:** 59-1713295**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMMONS, JOANN
1565 NW 15 TERRACE
FORT LAUDERDALE, FL 33311 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	P
Name	ELIJAH, EDNA
Address	1524 NW 12 COURT
City-State-Zip:	FT LAUDERDALE FL 33311

Title	V
Name	MINNEY, IRV M
Address	1800 NW 16 STREET
City-State-Zip:	FT LAUDERDALE FL 33311

Title	S
Name	MONROE, VIALENE
Address	1213 NW 15 PLACE
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	V
Name	JONES, CHRISTINE T
Address	1600 NW 15TH PLACE
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	T
Name	CONNIE, BAILEY
Address	1172 NW 15TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	D
Name	BETHEA, BOBBY
Address	1613 NW 15 AVENUE
City-State-Zip:	FT LAUDERDALE FL 33311

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: CHRISTINE T. JONES

VICE PRESIDENT

03/29/2013

Electronic Signature of Signing Officer/Director Detail

Date