

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004851

Entity Name: LAUDERDALE OAKS MANAGEMENT CORPORATION**Current Principal Place of Business:**8751 W BROWARD BLVD
SUITE 400
PLANTATION, FL 33324**Current Mailing Address:**PO BOX 19439
PLANTATION, FL 33318 US**FEI Number: 59-1453233****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SACHS SAX CAPLAN PL
6111 BROKEN SOUND PKWY NW
SUITE 200
BOC RATON, FL 33487 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	DIRECTOR, 1ST VP
Name	ALMONTE, FABIO
Address	2990 NW 46 AVENUE APT 207
City-State-Zip:	LAUDERDALE LAKES FL 33313

Title	DIRECTOR, PRESIDENT
Name	LAMY, FRANCE
Address	2951 NW 46 AVE 303
City-State-Zip:	LAUDERDALE LAKES FL 33313

Title	DIRECTOR, SECRETARY
Name	WELLER, RANDY
Address	2900 NW 47TH TER
City-State-Zip:	LAUDERDALE LAKES FL 33313

Title	DIRECTOR, 2ND VICE PRESIDENT
Name	CARVALHO, DAVID
Address	2900 NW 46TH AVE
City-State-Zip:	LAUDERDALE LAKES FL 33313

Title	DIRECTOR, TREASURER
Name	BEAUCHAMP, NATALIE
Address	2900 NW 47TH TER
City-State-Zip:	LAUDERDALE LAKES FL 33313

Title	DIRECTOR
Name	BOURASSA, STEVE
Address	2801 NW 47TH TER
City-State-Zip:	LAUDERDALE LAKES FL 33313

Title	DIRECTOR
Name	JEX, SAM HUGH
Address	3060 NW 47TH TER
City-State-Zip:	LAUDERDALE LAKES FL 33313

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: LAMY , FRANCE**PRESIDENT****02/28/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date