

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

| <b>DOCUMENT # 715705</b><br>1. Entity Name<br><b>LAUDERDALE OAKS CONDOMINIUM I, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Principal Place of Business<br><b>3061 N.W. 47TH TERRACE<br/>LAUDERDALE LAKES, FL 33313</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                         | Mailing Address<br><b>C/O CASTLE GROUP<br/>P O BOX 559009<br/>FORT LAUDERDALE, FL 33355</b>                                                                                |                                                                                    |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                        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| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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Mailing Address<br><br>Suite, Apt. #, etc.                                       |                                                                                                                                                                            |  |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                              |      |                  |  |      |                |  |                |                   |  |                |                           |  |                 |                            |  |                 |                            |  |       |   |                                            |       |    |                                                                              |      |               |  |      |               |  |                |                              |  |                |                           |  |                 |                            |  |                 |                            |  |       |   |                                            |       |   |                                                                              |      |             |  |      |                  |  |                |                           |  |                |                           |  |                 |                            |  |                 |                            |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                           |  |                 |  |  |                 |                            |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
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| 4. FEI Number<br><b>39-1353538</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                    |                                                                                                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                             |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                             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| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                    |                                                                                                                                                                            | <b>\$8.75 Additional Fee Required</b>                                              |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                             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| 6. Name and Address of Current Registered Agent<br><br><b>GLICKMAN, LARRY Z<br/>SACHS, SAX &amp; KLEIN<br/>301 YAMATO ROAD, STE 4150<br/>BOCA RATON, FL 33431</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                    | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                      |                                                                                    |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                              |      |                  |  |      |                |  |                |                   |  |                |                           |  |                 |                            |  |                 |                            |  |       |   |                                            |       |    |                                                                              |      |               |  |      |               |  |                |                              |  |                |                           |  |                 |                            |  |                 |                            |  |       |   |                                            |       |   |                                                                              |      |             |  |      |                  |  |                |                           |  |                |                           |  |                 |                            |  |                 |                            |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                           |  |                 |  |  |                 |                            |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatures required when remaining)</small> |                                                                                    |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                              |      |                  |  |      |                |  |                |                   |  |                |                           |  |  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| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                            | <b>\$5.00 May Be<br/>Added to Fees</b>                                             |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                              |      |                  |  |      |                |  |                |                   |  |                |                           |  |                 |                            |  |                 |                            |  |       |   |                                            |       |    |                                                                              |      |               |  |      |               |  |                |                              |  |                |                           |  |                 |                            |  |                 |                            |  |       |   |                                            |       |   |                                                                              |      |             |  |      |                  |  |                |                           |  |                |                           |  |                 |                            |  |                 |                            |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                           |  |                 |  |  |                 |                            |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">3061 NW 47TH TERRACE #134</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">PD LYONS, ERIC</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">LAUDERDALE LAKES, FL 33313</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">3061 NW 47TH TERRACE #326</td> <td></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">LAUDERDALE LAKES, FL 33313</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> <td><input checked="" type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VPD</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ROTHWELL, BERNIE</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ULETT, CHARLES</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2901 NE 47TH TERR</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2901 NW 47TH TERRACE #143</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - 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OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  | TITLE | NAME | <input checked="" type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | STREET ADDRESS | 3061 NW 47TH TERRACE #134 |  | STREET ADDRESS | PD LYONS, ERIC |  | CITY - ST - ZIP | LAUDERDALE LAKES, FL 33313 |  | CITY - ST - ZIP | 3061 NW 47TH TERRACE #326 |  |  |  |  |  | LAUDERDALE LAKES, FL 33313 |  | TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | ROTHWELL, BERNIE |  | NAME | ULETT, CHARLES |  | STREET ADDRESS | 2901 NE 47TH TERR |  | STREET ADDRESS | 2901 NW 47TH TERRACE #143 |  | CITY - ST - ZIP | LAUDERDALE LAKES, FL 33313 |  | CITY - ST - ZIP | LAUDERDALE LAKES, FL 33313 |  | TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | RADAR, MIRIAM |  | NAME | POTRUCH, JEAN |  | STREET ADDRESS | 3061 NW 47 TERRACE UNIT #333 |  | STREET ADDRESS | 3061 NW 47TH TERRACE #334 |  | CITY - ST - ZIP | LAUDERDALE LAKES, FL 33313 |  | CITY - ST - ZIP | LAUDERDALE LAKES, FL 33313 |  | TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | ROBBA, JOHN |  | NAME | FICOCELLI, LUIGI |  | STREET ADDRESS | 3061 NW 47TH TERRACE #233 |  | STREET ADDRESS | 3061 NW 47TH TERRACE #126 |  | CITY - ST - ZIP | LAUDERDALE LAKES, FL 33313 |  | CITY - ST - ZIP | LAUDERDALE LAKES, FL 33313 |  | TITLE |  | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME |  |  | NAME | YOUNG, MICHAEL |  | STREET ADDRESS |  |  | STREET ADDRESS | 2901 NW 47TH TERRACE #140 |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP | LAUDERDALE LAKES, FL 33313 |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                      |                                                                                    |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                              |      |                  |  |      |                |  |                |                   |  |                |                           |  |                 |                            |  |                 |                            |  |       |   |                                            |       |    |                                                                              |      |               |  |      |               |  |                |                              |  |                |                           |  |                 |                            |  |                 |                            |  |       |   |                                            |       |   |                                                                              |      |             |  |      |                  |  |                |                           |  |                |                           |  |                 |                            |  |                 |                            |  |       |  |                                 |       |   |                                                                              |      |  |  |      |                |  |                |  |  |                |                           |  |                 |  |  |                 |                            |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
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                                         | STREET ADDRESS                                                                                                                                                             | PD LYONS, ERIC                                                                     |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                        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                                         | CITY - ST - ZIP                                                                                                                                                            | 3061 NW 47TH TERRACE #326                                                          |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                        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                                         | NAME                                                                                                                                                                       | ULETT, CHARLES                                                                     |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                        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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                         | CITY - ST - ZIP                                                                                                                                                            | LAUDERDALE LAKES, FL 33313                                                         |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                        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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                         | STREET ADDRESS                                                                                                                                                             | 3061 NW 47TH TERRACE #334                                                          |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                        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                                         | CITY - ST - ZIP                                                                                                                                                            | LAUDERDALE LAKES, FL 33313                                                         |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                        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                                         | CITY - ST - ZIP                                                                                                                                                            | LAUDERDALE LAKES, FL 33313                                                         |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                        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                                         | CITY - ST - ZIP                                                                                                                                                            | LAUDERDALE LAKES, FL 33313                                                         |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                        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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                         | STREET ADDRESS                                                                                                                                                             |                                                                                    |                                                                              |                            |  |  |                                                       |  |  |       |      |                                            |       |      |                                                                              |                |                           |  |                |                |  |                 |                            |  |                 |                           |  |  |  |  |  |                            |  |       |   |                                            |       |     |                                                                        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| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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|                 |                            |  |                 |                            |  |       |   |                                            |       |    |                                                                              |      |               |  |      |               |  |                |                              |  |                |                           |  |                 |                            |  |                 |                            |  |       |   |                                            |       |   |                                                                              |      |             |  |      |                  |  |                |                           |  |                |                           |  |                 |                            |  |                 |                            |  |       |  |                                 |       |   |                                              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| <b>SIGNATURE:</b> <u>Eric Lyons</u> <i>Eric Lyons</i> <u>5/16/07</u> <u>954-486-5860</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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