

05-18-2007 90216 001 *5,328.75

717039

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

FILED

07 MAY 23 PM 1:56

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # 717039			
1. Entity Name LAUDERDALE OAKS CONDOMINIUM II, INC.			
Principal Place of Business 3071 NW 47 TERRACE LAUDERDALE LAKES, FL 33313		Mailing Address C/O CASTLE MANAGEMENT INC PO BOX 559009 FORT LAUDERDALE, FL 33355-9009	
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 59-1353511		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GLICKMAN, LARRY Z ESQ SACHS, SAX, KLEIN 301 YAMATO RD, 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	SD KALKANAJIAN, BARBARA 3071 NW 47 TR LAUDERDALE LAKES, FL 33313 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD 3071 NW 47TH TERRACE #224 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MACCHIONE, JANE 3071 WE 47TH TERR FORT LAUDERDALE, FL 33313 ☐ Delete <i>MACCHIONE</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 3071 NW 47TH TERRACE #227 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERSICO, LUIGI 3071 NW 47 TERR STE 128 FORT LAUDERDALE, FL 33313 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'REILLY, JAMES 3071 NW 47TH TERRACE #229 LAUDERDALE LAKES, FL 33313 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIGNONE, JOHN 3081 NW 47 TR LAUDERDALE LAKES, FL 33313 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REPUCI, THERESA 3071 NW 47TH TERRACE #218 LAUDERDALE LAKES, FL 33313 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPOINTE, JANINE 3071 NW 47 TR LAUDERDALE LAKES, FL 33313 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 3081 NW 47TH TERRACE #319 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGONE, A 3081 NW 47TH TERR LAUDERDALE LAKES, FL 33313 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOPPI, ANTIONETTE 3081 NW 47TH TERRACE #306 LAUDERDALE LAKES, FL 33313 ☐ Change ☒ 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: <i>Jane Macchione</i>		JANE MACCHIONE 5/05/07 486-5830	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	