

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90017 029 \*\*\*\*61.25



**DOCUMENT # 717880**  
 1. Entity Name  
**LAUDERDALE OAKS CONDOMINIUM III, INC.**

Principal Place of Business      Mailing Address  
 2900 NW 47TH TERRACE      2900 NW 47TH TERRACE  
 LAUDERDALE LAKES FL 33313      LAUDERDALE LAKES FL 33313



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For  
**65-0214019**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**JACQUES, ROGER**  
**2900 NORTHWEST 47TH TERRACE**  
**SUITE 405**  
**LAUDERDALE LAKES FL 33313**

7. Name and Address of New Registered Agent  
 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 *Jacques Roger*      *Jan 28, 2006*  
Signature: typed or printed (agent or registered agent and title if applicable)      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 4, 2006**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	COLELLA, ROSE MARIE	
STREET ADDRESS	19 BONWOOD DRIVE	
CITY-ST-ZIP	MASHPEE MA 02649	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHAFFER, LONZO	
STREET ADDRESS	2306 FIRST STREET NORTHWEST	
CITY-ST-ZIP	WASHINGTON DC 20001	
TITLE	D	<input type="checkbox"/> Delete
NAME	SZABO, ANDY	
STREET ADDRESS	510 PATRIOTE SOUTH	
CITY-ST-ZIP	SAINTE-ROSE, LAVAL, QUEBEC CA h7-12m4	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGER, JACQUES	
STREET ADDRESS	946 AVENUE DU PARC	
CITY-ST-ZIP	DEANVILLE QUEBEC j1n- 3p9	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRIQUES, FERNANDO	
STREET ADDRESS	2745 CHARLES CITY ROAD	
CITY-ST-ZIP	RICHMOND VA 23231	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOUISE, GOODMAN	
STREET ADDRESS	2900 N.W. 47TH TR. #205	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSEKOS BILL	
STREET ADDRESS	2900 NW 47TH TERRACE # 401	
CITY-ST-ZIP	LAUDERDALE LAKES 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jacques Roger*      *JACQUES ROGER Jan 28, 2006*      *954 4864101*