


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90016 004 ****61.25

DOCUMENT # 717880			
1. Entity Name LAUDERDALE OAKS CONDOMINIUM III, INC.			
Principal Place of Business 2900 NW 47TH TERRACE LAUDERDALE LAKES, FL 33313		Mailing Address 2900 NW 47TH TERRACE LAUDERDALE LAKES, FL 33313	
2. Principal Place of Business - No P.O. Box # <i>2900 NW 47th Terrace</i>		3. Mailing Address <i>2900 NW 47th Terrace</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Lauderdale Lakes, FL 33313</i>		City & State <i>Lauderdale Lakes, FL 33313</i>	
Zip <i>33313</i>	Country	Zip <i>33313</i>	Country
6. Name and Address of Current Registered Agent HENRIQUES, FERNANDO 2900 NW 47TH TER. APT. 104 LAUDERDALE LAKES, FL 33313		7. Name and Address of New Registered Agent Name <i>Clay, Sr. George Blaine</i> Street Address (P.O. Box Number is Not Acceptable) <i>2900 NW 47th Terrace</i> <i>Unit 102</i> City <i>Lauderdale Lakes FL</i> Zip Code <i>33313</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P COLELLA, ROSE MARIE 19 BONWOOD DRIVE MASHPEE, MA 02649 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> Shaffer, Lonzo <i>2900 NW 47th Terrace, Unit 308</i> <i>Lauderdale Lakes, FL 33313-1719</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAFFER, LONZO 2308 FIRST STREET NORTHWEST WASHINGTON, DC 20001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <i>Colella, Rose Marie</i> <i>19 Bonwood Drive</i> <i>Mashpee, MA 02649</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZABO, ANDY- 510 PATRIOTE SOUTH SAINTE-ROSE, LAVAL, QUEBEC, CA h712m4 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <i>Henriques, Fernando</i> <i>2900 NW 47th Terrace, Unit 104</i> <i>Lauderdale Lakes, FL 33313-1719</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGER, JACQUES 946 AVENUE DU PARC DEANVILLE QUEBEC, j1n 3p9 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <i>Clay, Sr., George Blaine</i> <i>2900 NW 47th Terrace, Unit 102</i> <i>Lauderdale Lakes, FL 33313-1719</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRIQUES, FERNANDO 2745 CHARLES CITY ROAD RICHMOND, VA 23231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Milliotis, Nick</i> <i>2900 NW 47th Terrace, Unit 210</i> <i>Lauderdale Lakes, FL 33313-1719</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUISE, GOODMAN 2900 N.W. 47TH TR. #205 LAUDERDALE LAKES, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Chabot, Ghyslain</i> <i>191 Thibodeau</i> <i>St-Lindes Laurentides, Qc Canada</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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>George B. Clay, Sr.</i>		<i>Clay, Sr., George Blaine</i> <i>14 April 2008</i> (954)485-2111	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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