## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 10, 2006 08:00 Al Secretary of State

DOCUMENT # 718260  1. Entity Name LAUDERDALE OAKS CONDOMINIUM 7, INC.								Šecre	etary o	f Stat
Principal Place of Business 2861 N.W. 47TH TERRACE FT. LAUDERDALE, FL 33313			Mailing Address C/O CASTLE MANAGEMENT INC PO BOX 559009 FORT LAUDERDALE, FL 33355-9009			- - - - - - - - - - - - - - - - - - -	18118   18318   18317   1814   18161   18161			
2. Principal Place of Business				iling Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04132006 C	hg-NP CR2E	037 (11/05)	-
City & State			City & State				4. FEI Number 59-135742	21	}	oplied For ot Applicable
Zip	Country		Ziį	Zip Cot		intry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name				
GLICKMAN, LARRY Z ESQ. SACHS SAX KLEIN 301 YAMATO RD STE 4150						Street Address (	P.O. Box Number is	Not Acceptable)		
BOCA RATON, FL 33431						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 little if applicable. (INOTE: Registered Agent signature required when reinstating)  DATE										
Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign F Trust Fund Contribut							\$5.00 May Be Added to Fees		ck payable to artment of St	
10.	OFFICERS AND DIR				11.	4	ADDITIONS/CHANG	ES TO OFFICERS AND I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i <b>i</b>					1		U00000565; 05/20/06-801;	□ Change 381 28-824 6	□ Addition 1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2861 NW	NA, RENE 47 TERR DALE LKS, FL 33313		☐ Delete		ş				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2861 NW	JE, VILLENEUVE 47 TERR DAL LAKES, FL 33313		☐ Delete		1			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	i	1	• • • • • • • • • • • • • • • • • • • •		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CiTY+	ET ADDRESS ST-ZIP			☐ 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 cath; 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 dame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:    Date   Dat										