


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90025 045 \*\*\*\*61.25

<b>DOCUMENT # 720828</b> 1. Entity Name <b>LAUDERDALE OAKS CONDOMINIUM XII-B, INC.</b>					
Principal Place of Business 2991 NW 46 AVE LAUDERDALE LAKES, FL 33313 US			Mailing Address 2991 NW 46TH AVE UNIT 406 307 LAUDERDALE LAKES, FL 33313 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1370499</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRANGER, YVAN</b> <b>2991 NW 46 AVE UNIT 406</b> <b>LAUDERDALE LAKES, FL 33313</b>				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 <i>Claire Claude</i> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>1/20/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006				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	T GRANGER, YVAN 2991 NW 46TH AVE UNIT 406 LAUDERDALE LAKES, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. RUSSEL KATHLEEN 2991 N.W. 46TH AVE #203 LAUDERDALE LAKES, FLA 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLAUDE, CLAIRE 2991 NW 46TH AVE 410 LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEBEAU JOSEPHINE 2991 N.W. 46TH AVE #403 LAUDERDALE LAKES FLA. 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSLER, LYDIA 2991 NW 46TH AVE UNIT 408 LAUDERDALE LAKES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUCHER GILLES 2991 N.W. 46TH AVE #101 LAUDERDALE LAKES FLA. 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOULE, GILLES 2991 NW 46TH AVE #202 LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGNON RAYMOND 2991 N.W. 46TH AVE #201 LAUDERDALE LAKES FLA 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAILLET, CLAUDE 2991 NW 46TH AVE UNIT 302 LAUDERDALE LAKES, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREAU, PAUL 2991 NW 46TH AVE #307 LAUDERDALE LAKES, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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>Claire Claude</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>1/20/06</u> 954-485-4109 <small>Daytime Phone #</small>	

CLAUDE CLAUDE