

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 720828**

1. Entity Name  
**LAUDERDALE OAKS CONDOMINIUM XII-B, INC.**



Principal Place of Business  
**2991 NW 46 AVE  
LAUDERDALE LAKES, FL 33313 US**

Mailing Address  
**2991 NW 46TH AVE  
UNIT 307  
LAUDERDALE LAKES, FL 33313 US**



01032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1370499</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CLAUDE, CLAIRE  
2991 NW 46 AVE  
UNIT 410  
LAUDERDALE LAKES, FL 33313**

**DO NOT WRITE  
IN THIS SPACE**

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

*Claire Claude*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIMEAU, DOREEN 2991 NW 46 AVE, #308 LAUDERDALE LAKES, FL 33313
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLAUDE, CLAIRE 2991 NW 46TH AVE 410 LAUDERDALE LAKES, FL 33313
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOREAU, DENISE 2991 NW 46 AVE, #304 LAUDERDALE LAKES, FL 33313
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOULE, GILLES 2991 NW 46TH AVE #202 LAUDERDALE LAKES, FL 33313
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONTON, REJEANNE 2991 NW 46 AVE #210 LAUDERDALE LAKES, FL 33313
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACROIX, GILLES 2991 NW 46 AVE, #309 LAUDERDALE LAKES, FL 33313
--	--

000000810880  
02/11/08-80004-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

*Claire Claude*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/08 (954) 485-4109

Date

Daytime Phone #