2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721119

FILED Mar 02, 2009 Secretary of State

Entity Name: LAUDERDALE OAKS CONDOMINIUM XIV, INC.

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
2951 NW LAUDERI	46 AVE. DALE LAKES, FL	_ 33313			
Current Mailing Address:			New Mailin	New Mailing Address:	
2951 NW LAUDERI	46 AVE. DALE LAKES, FL	_ 33313			
FEI Number: 59-1370389 FEI Number Applied For ()			FEI Number Not Applic	El Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of Cu	urrent Registered Agent:	Name and A	Address of New Registered Agent:	
	OLORES /. 46TH AVE #10 DALE LAKES, FL				
	e named entity su te of Florida.	ubmits this statement for the pu	urpose of changing its	s registered office or registered agent, or both,	
SIGNATU	IRE:				
	Electronic	c Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS	S/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	FORD, DOLORE +2951 NW 46TH	AVE., #103	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PINEAULT, JÜLII 2951 NW 46TH A		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D ()[MASSICOTTE, F 2951 NW 46TH A	AVE APT 105	Title: Name: Address:	() Change () Addition	
Address: City-St-Zip:	LAUDERDALE L	AKES, FL 333131861	City-St-Zip:		
Address:	VD () [BARBAGALLO, T 2951 NW 46TH A	Delete FONY	Title: Name:	S (X) Change () Addition WERNHART, MICHELINE 2951 NW 46TH AVE., APT 205 LAUDERDALE LAKES, FL 33313	
Address: City-St-Zip: Title: Name: Address:	VD () I BARBAGALLO, T 2951 NW 46TH A LAUDERDALE LA TD () I DURIVAGE, MICI 2951 NW 46TH A	Delete FONY AVE., APT A02 AKES, FL 33313 Delete HAEL	Title: Name: Address: City-St-Zip: Title: Name: Address:	WERNHART, MICHELINE 2951 NW 46TH AVE., APT 205	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES FORD P 03/02/2009