

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721762

FILED
May 01, 2009
Secretary of State

Entity Name: LAUDERDALE OAKS CONDOMINIUM XIX, INC.

Current Principal Place of Business:

3090 N.W. 46TH AVE.
LAUDERDALE LAKES, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

BOARD OF DIRECTORS
3090 N.W. 46TH AVE.
LAUDERDALE LAKES, FL 33313 US

New Mailing Address:

FEI Number: 59-1374646 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHOW, GLORIA RA
3090 NW 46TH AVENUE
UNIT 115
LAUDERDALE LAKES, FL 33313 US

Name and Address of New Registered Agent:

BECKER & POLIAKOFF, LLP
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 US

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.

SIGNATURE: LANCE D. CLOUSE

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRATHWEITE, MOLLY DIR.
Address: 3090 NW 46TH AVE UNIT#102
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: TD () Delete
Name: DACCARETT, SANDRA TRES-D
Address: 3090 NW 46TH AVE UNIT#104
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: SD () Delete
Name: MOOKLAL, PATSY SECT-D
Address: 3090 NW 46AVE #114
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: P (X) Delete
Name: GALLIMORE, VELMA PRES.
Address: 3090 NW 46AVENUE, UNIT #210
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: VP () Delete
Name: BUTTS, TIMOTHY V-PRES.
Address: 3090 NW 46TH AVENUE, UNIT #212
City-St-Zip: LAUDERDALE LAKES, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SANDRA DACCARETT

TD

05/01/2009

Electronic Signature of Signing Officer or Director

Date