FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

721765

(6)

LAUDERDALE OAKS CONDOMIMIUN XVIII, INC.

Principal Place of Business Mailing Address						T TO STATE STATE STATES AND A STATE STATE OF THE STATE OF	UIII UIBII BHIA BIB	() 3 / 1 () (1911 BHBII 1981	
2990 N.W. 46TH AVENUE 2990 N.W. 46TH AVENUE LAUDERDALE LAKES FL 33313 LAUDERDALE LAKES FL 33										
						3. Date Incorporated or Qualified 09/23/1971	3a. Date of 04/	Last Re 19/19		
2. Principal Pla	ice of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number 59-1374647	Applied For Not Applicable			
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				S. Certificate of Status Desired Section Section Section Se				
City & State		City & State	The state of the s			6. Election Campaign Financing \$5.00 May Be				
23		28	<u> </u>			Trust Fund Contribution Added to Fees				
Ζιρ 24	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				i		
	<u>.</u>			61	Name		<u>v</u>			
KATES,			8		Street Addres	ss (P.O. Box Number is Not Acceptable	,			
2990 NV BLDG 18							•			
	DALE LAKES FL 33313			84	City		85	Zip (Code	
					•		FL °			
or registere familiar wit SiGNATURE	ed agent, or both in the State of Flori h, and accept the obligations of, Sect Lastruck	ida. Such change was authorize tion 617.0503, Florida Statutes	ed by the	corpc	estion's board	tion submits this statement for the purp of directors. I hereby accept the appoi	ntment as regis	tered a	gent. I am	
					signature required v	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	ECTOR	C IN 12	
12.	OFFICERS AN	FFICERS AND DIRECTORS 13		ITLE		ADDITIONS/CHANGES TO OFFIC	ENS AND DIN		Addition	
THTLE	KATES, STUART		1.7 T				□	ungo		
NAME STREET ADDRESS	2990 NW 46TH AVE				ADDRESS					
C-TY-ST-ZIP	LAUDERDALE LKS FL			:ITY-S1	į					
TITLE	P	DELETE	21 T		·		Ch	ange	Addition	
NAME	DAN, RAYMOND		2.2 N	IAME						
STREET ADDRESS	2990 NW 46TH AVE		238		ADDRESS					
CITY - ST - ZIP	LAUDERDALE LKS FL		2 4 (CITY-S	it - 2 IP					
TITLE	S	DELETE	: 3.1 T	TLE			Ch	ange.	☐ Addition	
NAME	ROCKLIN, RUTH	CKLIN, RUTH		3 2 NAME						
STREET ADDRESS	2990 NW 46TH AVENUE		3.3		ADDRESS					
CITY - S1 - ZIP	LAUDERDALE LAKES FL		_	CITY-S	ST - ZIP		Ch		Addition	
TITLE	VP	DELETE	4.1 T				(,)	ange	Montion	
NAME	LA CERRA, ALBERT			NAME	**************************************					
STREET ADDRESS	2990 N.W. 46TH AVE				ADDRESS					
CITY-ST-ZIP TITLE	LAUDERDALE LKS FL	DELETE	5.1 T	HTLE	1-214		□ Ch	nange	Addition	
	_			IAME				•		
NAME STREFT ADDRESS	MURPHY, JACK 2990 N.W. 46TH AVE.				ADDRESS					
CITY-ST-ZIP	LAUDERDALE LKS FL			CITY-S						
TITLE	D D	DELETE	_	TITLE	· ::::			ange	☐ Addition	
NAME	KAHN, FANNABELLE		6.21	NAME						
STREET ADDRESS	2990 N.W. 46TH AVE.				ADDRESS					
CITY-ST-7IP	LAUDERDALE LKS FL		640	CITY-S	T-ZIP					
14. I do hereb	ov certify that the information supplied	with this filing is voluntarily furn	ished and	doe	s not qualify fo	r the exemption stated in Section 119.0	7(3)(k), Florida	Statute	s. I further	

orthis that the information indicated on this agrual report or supplemental amoual 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 13 if changed, or on an attachment with an address.

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Prione #