


FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION • ANNUAL REPORT • 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721765 (6)

1. Corporation Name
LAUDERDALE OAKS CONDOMINIUM XVIII, INC.

Principal Place of Business 2990 N.W. 46TH AVENUE LAUDERDALE LAKES FL 33313	Mailing Address 2990 N.W. 46TH AVENUE LAUDERDALE LAKES FL 33313
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 08/23/1971
4. FEI Number 59-1374647
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**KATES, STUART
2990 NW 46TH
BLDG 18 - #204
LAUDERDALE LAKES FL 33313**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	KATES, STUART
STREET ADDRESS	2990 NW 46TH AVE
CITY-ST-ZIP	LAUDERDALE LKS FL
TITLE	<input type="checkbox"/> DELETE
NAME	DAN, RAYMOND
STREET ADDRESS	2990 NW 46TH AVE
CITY-ST-ZIP	LAUDERDALE LKS FL
TITLE	<input type="checkbox"/> DELETE
NAME	S ROCKLIN, RUTH
STREET ADDRESS	2990 NW 46TH AVENUE
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	<input type="checkbox"/> DELETE
NAME	D LA CERRA, ALBERT
STREET ADDRESS	2990 N.W. 46TH AVE
CITY-ST-ZIP	LAUDERDALE LKS FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP MURPHY, JACK
STREET ADDRESS	2990 N.W. 46TH AVE.
CITY-ST-ZIP	LAUDERDALE LKS FL
TITLE	<input type="checkbox"/> DELETE
NAME	D KAHN, FANNABELLE
STREET ADDRESS	2990 N.W. 46TH AVE.
CITY-ST-ZIP	LAUDERDALE LKS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D DOWNING, BILLY
2.3 STREET ADDRESS	2990 N.W. 46TH AVE
2.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIRECTOR JOSEPH SILVESTRI
3.3 STREET ADDRESS	2990 N.W. 46TH AVE
3.4 CITY-ST-ZIP	LAUDERDALE LKS, FL 33313
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR JOE FLAHERTY
4.3 STREET ADDRESS	2990 N.W. 46TH AVE
4.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR ANN NOBLE
5.3 STREET ADDRESS	2990 N.W. 46TH AVE
5.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300002447555
6.3 STREET ADDRESS	-03/05/98--01009--004
6.4 CITY-ST-ZIP	***61.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ *Kates - Feb 21/98*

CR2E037 (10/97)