


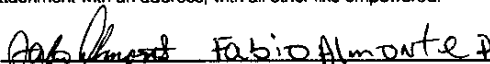


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90033 016 ****61.25

DOCUMENT # 721765 1. Entity 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		03012007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1374647				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOSINE, RAWLE 2990 NW 46 AVE APT. 206 LAUDERDALE LAKES, FL 33313			7. Name and Address of New Registered Agent Name Almonte, Fabio Street Address (P.O. Box Number is Not Acceptable) 2990 N.W. 46 Ave. Apt. # 207 City Lauderdale Lakes FL Zip Code 33313		
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  <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE 3/9/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOHUSLAV, NORMA 2990 NW 46TH AVE LAUDERDALE LKS, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOHUSLAV, Norma 2990 N.W. 46 Avenue, Apt. # 213 Lauderdale Lakes, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATES, LENORE 2990 NW 46 AVE LAUDERDALE LKS, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVESTRI, JOSEPH 2990 N.W. 46TH AVE LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O NEUMAN, PETER 2990 NW 46TH TERR LAUDERHILL LKS, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Newman, Peter 2990 N.W. 46 Ave. Apt. # 112 Lauderdale Lakes, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATES, LENORE 2990 NW 46 AVE LAUDERHILL LKS, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Almonte, Fabio 2990 N.W. 46 Ave, Apt. # 207 Lauderdale Lakes, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSLIN, RITA 2990 NW 46 AVE LAUDERHILL LKS, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jarrett, Castell 2990 N.W. 46 Ave. Apt. # 201 Lauderdale Lakes, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/9/07 <small>Daytime Phone #</small>		