


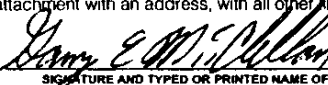


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90060 042 \*\*\*\*61.25

<b>DOCUMENT # 728194</b> 1. Entity Name <b>THE LAUDERDALE LANDINGS CONDOMINIUM, INC.</b>					
Principal Place of Business <b>5495 N.E. 25TH AVE. FORT LAUDERDALE, FL 33308</b>			Mailing Address <b>5495 N.E. 25TH AVE. FORT LAUDERDALE, FL 33308</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-1809316</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01152008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>MCCLELLAN, GARY E 5495 NE 25TH AVE #402 FT. LAUDERDALE, FL 33308</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 		<b>GARY E MCCLELLAN</b>		<b>15 JAN 08</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHURTE, KATHLEEN <input checked="" type="checkbox"/> Delete 5495 NE 25TH AVE SUITE 306 FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CUNNINGHAM LEANN</b> <b>5495 N.E. 25 AVE #206</b> <b>FT. LAUDERDALE FL 33308</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete LUGO, PATRICIA 5495 NE 25TH AVE SUITE 400 FT. LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LISA J. TOWNSEND</b> <b>5495 N.E. 25 AVE #201</b> <b>FT. LAUDERDALE FL 33308</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MCCLELLAN, GARY 5495 NE 25 AVE., #402 FT. LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CUNNINGHAM, LEANN 5495 NE 25 AVE. #206 FT. LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete FLAVIO, PREGO 5495 NE 25 AVE #500 FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete JIMENEZ, AMY 5495 NE 25TH AVE SUITE 406 FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		<b>GARY E MCCLELLAN PRES. 15 JAN 08 954-776-6871</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>SIGNATURE</small>		<small>DATE</small>		<small>DAYTIME PHONE #</small>	