2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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TI FILED
Jul 31, 2007
Secretary of State

Entity Name: LAUDERDALE ONE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3399 PGA BLVD - STE 450 2401 NE 65TH STREET PALM BEACH GARDENS, FL 33410 ATTN: MANAGEMENT OFFICE FORT LAUDERDALE, FL 33301 **Current Mailing Address:** New Mailing Address: 2401 NE 65TH ST 3399 PGA BLVD - STE 450 PALM BEACH GARDENS, FL 33410 ATTN: OFFICE FORT LAUDERDALE, FL 33308 FEI Number: 20-4996213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROUGH, CHADROW & LEVINE, P.A. 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MAN, URI ALALOUF, RICHARD Name: Name: 5555 ANGLERS AVE - STE 21 Address: 2401 NE 65TH STREET #204 Address: City-St-Zip: FT LAUDERDALE, FL 33312 City-St-Zip: FT LAUDERDALE, FL 33308 Title: () Delete Title: (X) Change () Addition HAMMON, MICHAEL R Name: SCHUCKMAN, MARK Name: Address: 5555 ANGLERS AVE - STE 21 Address: 2401 NE 65TH ST. #512 City-St-Zip: FT LAUDERDALE, FL 33312 City-St-Zip: FT LAUDERDALE, FL 33308 Title: STD Title: SEC (X) Change () Addition () Delete DEAN, DAVID RAPHAEL, LINDSAY Name: Name: 3399 PGA BLVD - STE 450 Address: Address: 2401 NE 65TH ST. City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: FORT LAUDERDALE, FL 33308 Title: () Delete Title: NA () Change (X) Addition Name: Name: NA, NA Address: Address: NA City-St-Zip: City-St-Zip: NA, FL 33308 Title: () Delete Title: NA () Change (X) Addition Name: Name: NA, NA Address: Address: NA City-St-Zip: City-St-Zip: NA, FL 33308 Title: () Delete Title: NA () Change (X) Addition NA NA Name: Name: Address: Address: NA City-St-Zip: NA, FL 33308 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: MICHAEL CAPPS CAM 07/31/2007