


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06C00006035						FILED 2008 NOV 17 AM 9:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
1. Entity Name LAUDERDALE ONE CONDOMINIUM ASSOCIATION, INC.				Principal Place of Business 2401 NE 65TH STREET ATTN: MANAGEMENT OFFICE FORT LAUDERDALE, FL 33301				Mailing Address 2401 NE 65TH ST ATTN: OFFICE FORT LAUDERDALE, FL 33308																							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 20-4996213		Applied For <input type="checkbox"/> Not Applicable																									
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		11112008 Chg-NP CR2E037 (12/06)																									
Zip 33308		Country		Zip		Country																									
6. Name and Address of Current Registered Agent BROUGH, CHADROW & LEVINE, P.A. 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326				7. Name and Address of New Registered Agent Name: <u>Tripp Scott, P.A. Attn: Matthew Zifrony</u> Street Address: <u>110 SE 6th St, 15th Floor</u> City: <u>Fort Lauderdale</u> FL Zip Code: <u>33301</u>																											
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>Matthew Zifrony</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>11/11/08</u> <small>DATE</small>																									
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																											
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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: <u>Lindsay Raphael</u>	Date: <u>11/11/08</u>	Daytime Phone #: <u>954-615-2011</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		