FILE NOW: FILING FEE AFTER MAY 1 IS $ .00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48684** **(7)**

1. Corporation Name

LAUDERDALE OAKS CONDOMINIUM XVI, INC.

Principal Place of Business	Mailing Address
2900 N.W. 46TH AVENUE LAUDERDALE LAKES FL 33313	2900 N.W. 46TH AVENUE LAUDERDALE LAKES FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1992
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1374644 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: AS ABOVE	Suite, Apt. #, etc. 27: AS ABOVE
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GOLDFEDER, SAMUEL
2900 N.W. 46TH AVENUE
LAUDERDALE LAKES FL 33313

DOC. CAPRIO
2900 NW 46 Ave
LAUDERDALE LAKES FL.
33313

10. Name and Address of New Registered Agent

81 Name: DOC. CAPRIO
82 Street Address (P.O. Box Number is Not Acceptable): 2900 NW 46 AVE
83: LAUDERDALE LAKES
84 City: FL. 85 Zip Code: 33313

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Doc Caprio (President) DATE: March 24, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR	1.1 TITLE	CURRENT "REGISTERED AGENT" ☐ Change ☐ Addition
NAME	GOLDFEDER, SAMUEL	1.2 NAME	Caprio Doc Caprio
STREET ADDRESS	2900 N.W. 46TH AVENUE	1.3 STREET ADDRESS	2900 NW 46 AVE BLDG 16 APT 114
CITY-ST-ZIP	LAUDERDALE LAKES FL	1.4 CITY-ST-ZIP	LAUDERDALE LAKES FL 33313
TITLE	P.P. PRES.	2.1 TITLE	☐ Change ☐ Addition
NAME	DOC, CAPRIO DOC CAPRIO	2.2 NAME	
STREET ADDRESS	2900 N.W. 46TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SOAFFER, BETTY BETTY SHAFFER	3.2 NAME	
STREET ADDRESS	2900 N.W. 46TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	KIVIAT, MURRAY	4.2 NAME	
STREET ADDRESS	2900 N.W. 46TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	4.4 CITY-ST-ZIP	
TITLE	V.P.	5.1 TITLE	☐ Change ☐ Addition
NAME	MARK NORMAND	5.2 NAME	
STREET ADDRESS	2900 NW 46 Ave	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL LAKES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Doc Caprio Doc Caprio 3/24/95 305-735-3962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010084