. . . FILE NOW: FILING FEE IS $61.25

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90050 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

90703 - 90050 - 11

DOCUMENT # **N48684**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/04/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1374644 ☐ Applied For ☐ Not
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CAPRIO, DOC
2900 N.W. 46TH AVENUE
LAUDERDALE LAKES FL 33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
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	D	☑ DELETE	1.1 TITLE	VP	☐ Change
NAME	GOLDFEDER, SAMUEL		1.2 NAME	NORMAND, REMI	
STREET ADDRESS	2900 N.W. 46TH AVENUE		1.3 STREET ADDRESS	2900 N.W. 46TH AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL		1.4 CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change
NAME	CAPRIO, DOC		2.2 NAME		
STREET ADDRESS	2900 N.W. 46TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change
NAME	PASHKIN, ELAINE		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	☑ DELETE	4.1 TITLE	TD	☐ Change
NAME	SCHANTZ, SONDRA		4.2 NAME	KIVIAT, MURRAY	
STREET ADDRESS	2900 NW 46TH AVE		4.3 STREET ADDRESS	2900 N.W. 46TH AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL		4.4 CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change
NAME	PACETTI, JACK		5.2 NAME		
STREET ADDRESS	2900 N.W. 46TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED PD CAPRIO 954-735-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #