


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90031 018 \*\*\*\*61.25

<b>DOCUMENT # N48684</b>		
1. Entity Name <b>LAUDERDALE OAKS CONDOMINIUM XVI, INC.</b>		

Principal Place of Business <b>2900 N.W. 46TH AVENUE LAUDERDALE LAKES FL 33313</b>	Mailing Address <b>2900 N.W. 46TH AVENUE LAUDERDALE LAKES FL 33313</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-1374644</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NORMANDIN, GERMAINE 2900 N.W. 46 AVE LAUDERDALE LAKES FL 33313</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 **NORMANDIN, Germaine. Treasurer** *Germaine Normandin* **03/18/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAROSE, MONIQUE 2900 N.W. 46TH #109 LAUDERDALE LAKES FL 33313</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CAPRIO, DOC 2900 N.W. 46TH #114 LAUDERDALE LAKES FL 33313</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VPD PACETTI, JACK 2900 N.W. 46TH #209 LAUDERDALE LAKES FL 33313</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD NORMANDIN, GERMAINE 2900 N.W. 46TH #203 LAUDERDALE LAKES FL 33313</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PASKIN, ELAINE 2900 NW 46TH #103 LAUDERDALE LAKES FL 33313</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO SCHANTZ, SONDR 2900 N.W. 46TH #202 LAUDERDALE LAKES FL 33313</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Monique Larose* **President** **3/18/05** **954-484-2643**  
LABORER, MONIQUE (Typed Name of Signing Officer or Director) Daytime Phone #