

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90011 023 \*\*\*\*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>
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
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 Additional Fee Required</b>



1st MOORE CR2E037 (10/06)

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 <b>Ouellette, Guy</b> Street Address (P.O. Box Number is Not Acceptable) <b>2900 N.W. 46th Ave, Lauderdale Lakes, Fl., 33313</b> 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 **Ouellette, Guy, Treasurer**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P LAROSE, MONIQUE 2900 N.W. 46TH #109 LAUDERDALE LAKES FL 33313</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P Pickard, Larry 2900 N.W. 46th Ave., #107 Lauderdale Lakes, Fl. 33313</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VPD CAPRIO, DOC 2900 N.W. 46TH #114 LAUDERDALE LAKES FL 33313</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VPD Larose, Monique 2900 N.W. 46th Ave., #109 Lauderdale Lakes, Fl. 33313</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>2VPD PICKARD, LARRY 2900 NW 46TH #107 LAUDERDALE LAKES FL 33313</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>2VPD Schantz, Sondra 2900 N.W. 46th Ave., #202 Lauderdale Lakes, Fl. 33313</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>TD NORMANDIN, GERMAINE 2900 N.W. 46TH #203 LAUDERDALE LAKES FL 33313</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>TD Ouellette, Guy 2900 N.W. 46th Ave. #214 Lauderdale Lakes, Fl. 33313</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>SD PASKIN, ELAINE 2900 NW 46TH #103 LAUDERDALE LAKES FL 33313</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>SD Paskin, Elaine 2900 N.W. 46th Ave., #103 Lauderdale Lakes, Fl. 33313</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PO SCHANTZ, SONDR 2900 N.W. 46TH #202 LAUDERDALE LAKES FL 33313</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PO DeIullis, Orazio 2900 N.W. 46th Ave., #208 Lauderdale Lakes, Fl. 33313</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *[Signature]* **President**

2-14-07 954-415-9190