

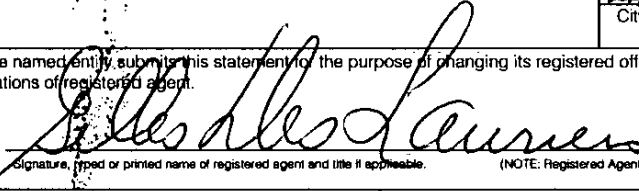
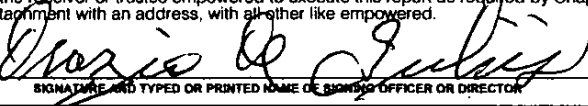


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90053 047 ****61.25

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|--|---|--|--|--|--|
| DOCUMENT # N48684 1. Entity Name LAUDERDALE OAKS CONDOMINIUM XVI, INC. | | | |  | |
| Principal Place of Business 2900 N.W. 46TH AVENUE LAUDERDALE LAKES, FL 33313 | | | Mailing Address 2900 N.W. 46TH AVENUE LAUDERDALE LAKES, FL 33313 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-1374644 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent QUELLETTE GUY 2900 N.W. 46 AVE LAUDERDALE LAKES, FL 33313 | | | | 7. Name and Address of New Registered Agent Name GILLES DESLAURIERS Street Address (P.O. Box Number is Not Acceptable) 2900 N.W. 46TH AVE #113 LAUDERDALE LAKES City FL Zip Code 33313 | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE 01-18-08 | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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-ST-ZIP | VPD LAROSE, MONIQUE 2900 N.W. 46TH #109 LAUDERDALE LAKES, FL 33313 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER GILLES DESLAURIERS 2900 N.W. 46TH AVE #113 LAUDERDALE LAKES, FL. 33313 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PICKARD, LARRY 2900 NW 46TH AVE #107 LAUDERDALE LAKES, FL 33313 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICER GUY QUELLETTE 2900 N.W. 46TH AVE #214 LAUDERDALE LAKES, FL. 33313 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PICKARD, LARRY 2900 NW 46TH #107 LAUDERDALE LAKES, FL 33313 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY MICHEL MAROTTE 2900 46TH AVE #212 LAUDERDALE LAKES FL. 33313 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT DEIULLIS, ORAZIO 2900 NW 46TH AVE #208 LAUDERDALE LAKES, FL 33313 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICER BERNARD HEBERT 2900 N.W. 46TH AVE 211 LAUDERDALE LAKES FL. 33313 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PASKIN, ELAINE 2900 NW 46TH #103 LAUDERDALE LAKES, FL 33313 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICER GERARDO ROSSETTI 2900 N.W. 46TH #206 LAUDERDALE LAKES FL. 33313 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO SCHANTZ, SONDRRA 2900 N.W. 46TH #202 LAUDERDALE LAKES, FL 33313 | <input checked="" 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 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:  | | | | 18/1/2008 954.733.1491 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date Daytime Phone #</small> | |