

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005709

1. Entity Name
LAUDERDALE LAKES COMMUNITY COUNCIL, INC.



Principal Place of Business
**3720 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33311 US**

Mailing Address
**3720 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33311 US**



04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0535225** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, BEVERLY M
3720 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33319**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000540642
05/10/06-80025-017 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MDT
WILLIAMS, BEVERLY
3369 NW 21 ST
LAUDERDALE LAKES, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DREXLER, ESTELLE
3720 W. OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAX, EULALEE
3670 NW 27 STREET
LAUDERDALE LAKES, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DM
CHOICE, PONZELLE
2390 NW 34 TERRACE
LAUDERDALE LAKES, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FLOYD, VICTORIA
2190 NW 32 TERR
LAUDERDALE LAKES, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #