


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90015 007 \*\*\*\*61.25

<b>DOCUMENT # 741346</b>			
1. Entity Name VENETIAN PARK CONDOMINIUM V ASSOCIATION, INC.			
Principal Place of Business 2211 NE 7TH STREET HALLANDALE, FL 33009 US		Mailing Address <del>C/O E PETROCELLI</del> P.O. BOX 85035 HALLANDALE, FL 33009	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>P.O. Box 85035</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>HALLANDALE FL</i>	
Zip	Country	Zip	Country
		<i>33008</i>	
4. FEI Number 59-1815615		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEHAR, ERIC 2211 NE 7TH STREET HALLANDALE, FL 33009		Name <i>ROMAN LANDA</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>2203 NE 7 ST</i>	
		City <i>HALLANDALE</i> FL Zip Code <i>33009</i>	
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 <i>[Signature]</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLBER, ESTHER	NAME	
STREET ADDRESS	2211 NE 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAINSTEIN, MARK	NAME	
STREET ADDRESS	2202 NE 7 STREET	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUROCH, STELLA	NAME	
STREET ADDRESS	2201 NE 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHAR, ERIC	NAME	<i>D</i>
STREET ADDRESS	2223 NE 7 STREET	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, YEVGENY	NAME	
STREET ADDRESS	2214 NE 7 STREET	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>PO ROMAN LANDA</i>
STREET ADDRESS		STREET ADDRESS	<i>2203 NE 7 ST</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>HALLANDALE FL 33009</i>
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: <i>[Signature]</i>		Date <i>4/30/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

