


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90030 001 \*\*\*\*70.00

**DOCUMENT # 766950**  
 1. Entity Name  
**THE OAKS UNIT V CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 14100 N. 46TH STREET  
 TAMPA, FL 33613

Mailing Address  
 16105 N FLORIDA  
 SUITE A  
 LUTZ, FL 33549

34026200



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

02252004 Chg-NP CR2E037 (10/03)

City & State Zip Country

4. FEI Number  
**59-3035562**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SPIVEY, WILLIAM C**  
 16105 N FLORIDA  
 SUITE A  
 LUTZ, FL 33549

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWIDLER, CODY 14100 N. 46TH STREET #R-32 TAMPA, FL 33613 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUNSCH, MARIE 14205 SHADOW MOSS # 201 TAMPA, FL 33613 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAZQUEZ, IVAN 14205 SHADOW MOSS # 102 TAMPA, FL 33613 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROLL, BRANDON 14201 SHADOW MOSS # 102 TAMPA, FL 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, JENNIFER 14207 SHADOW MOSS # 201 TAMPA, FL 33613 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, ELIZABETH 14211 SHADOW MOSS 102 TAMPA FL 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MERRICK, DEBORAH 7629 SWEET BAY CIR BRADENTON, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD USSERY, DEWAYNE 5315 GODDARD ORLANDO, FL 32810- <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or on an attachment with an address, with all other like empowers required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**SIGNATURE:** *William C Spivey* **WILLIAM C SPIVEY** 8/04/04 **813 968 5665**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #