

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90199 008 ****61.25

60034219



01222008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3035562** Applied For Not Applicable

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

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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

6. Name and Address of Current Registered Agent
**MEZER, STEVEN
 220 S FRANKLIN
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1801 N. Highland AVE
 City **Tampa** FL Zip Code **33602**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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 PD	ROBINSON, ELIZABETH 16105 N FLORIDA #A TAMPA, FL 33613 <input checked="" type="checkbox"/> Delete	TITLE PD	Steve Lauder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1423 Shadowlark N. Fla Ave, Suite A Lutz, Fla 3354
TITLE TD	MERRICK, DEBORAH 16105 N FLORIDA #A BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete	TITLE TD	TD Richard Peterika <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 16105 N. Florida ave #A LUTZ, FL 33549
TITLE PD	USSERY, DEWAYNE 16105 N FLORIDA #A ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04.28.08** Daytime Phone # **8139685665**