


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N05804
 1. Entity Name
LAKE WINDWOOD CONDOMINIUM V ASSOCIATION, INC.



Principal Place of Business 2800 PALMWOOD TERR BOCA RATON, FL 33431 US	Mailing Address 2800 PALMWOOD TERR BOCA RATON, FL 33431 US
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01262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2512688	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 PETERS, LISA
 2850 PALMWOOD TERR, P227
 BOCA RATON, FL 33431

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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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERS, LISA 2850 PALMWOOD TERR P227 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEUMAN, THOMAS 2800 PALMWOOD TERR #P-122 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY, HANSEN 2800 PALMWOOD TERR P-222 BOCA RATON, FL 33431
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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: Lisa Peters, President 2/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #