

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0358357 AV

DOCUMENT # P99000109153

1. Entity Name
FLA-PWH V, INC.

04-08-2002 90241 038 ***150.00

Principal Place of Business
GARDENS CORPORATE CENTER
3801 PGA BLVD SUITE 555
PALM BEACH GARDENS FL 33410

Mailing Address
GARDENS CORPORATE CENTER
3801 PGA BLVD SUITE 555
PALM BEACH GARDENS FL 33410



3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410

3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0968173** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

REGSERV CORP.
3GARDENS CORPORATE CENTER
3801 PGA BOULEVARD SUITE 555
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

REGSERV CORP.
3801 PGA Boulevard
Suite 600
Palm Beach Gardens, FL 33410

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. DIRECTORS IN 11	
TITLE DP CEO	<input type="checkbox"/> Delete	TITLE D/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RENDINA, BRUCE A		NAME Rendina, Bruce A	
STREET ADDRESS 3801 PGA BLVD SUITE 555 600		STREET ADDRESS 3801 PGA Boulevard, Suite 600	
CITY-ST-ZIP PALM BEACH GARDENS FL 33410		CITY-ST-ZIP Palm Beach Gardens, FL 33410	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERRUCCI, MARK A		NAME	
STREET ADDRESS CT CORPORATION SYSTEM 1209 ORANGE ST		STREET ADDRESS	
CITY-ST-ZIP WILMINGTON DE 19801		CITY-ST-ZIP	
TITLE VPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DISALVO, PATRICK J		NAME	
STREET ADDRESS 3801 PGA BLVD SUITE 555 600		STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL 33410		CITY-ST-ZIP	
TITLE VPAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JURAN, LAWRENCE B		NAME	
STREET ADDRESS 3801 PGA BLVD SUITE 555 600		STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL 33410		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears in Block 11, or Block 12 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

Patrick J. DiSalvo **2/20/02**
 Vice President Date

561-630-5055

CR2E034 (9/01)