

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90022 027 ***150.00

DOCUMENT # 271482

1. Entity Name

RO-LEN LAKE GARDENS "V" CORPORATION



Principal Place of Business

% JOSEPH BONGIORNO
714 SOUTHWEST 11TH AVENUE
HALLANDALE FL 33009

Mailing Address

% JOSEPH BONGIORNO
714 SOUTHWEST 11TH AVENUE
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-0966885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAE, SANTOLPIETRO
815 SW 10TH TERR
#24
HALLANDALE FL 33009

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS: \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEMARO, THOMAS F	
STREET ADDRESS	815 SW 10TH TER	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELINGER, JEAN	
STREET ADDRESS	815 SW 10TH TER	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAPPAS, WILLIAM	
STREET ADDRESS	815 SW 10 TERR V-3	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, PHILIPPE	
STREET ADDRESS	815 SW 10TH TERR J-6	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL MERCIER	
STREET ADDRESS	815 SW 10 TERR #24	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	VIP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAE SANTOLPIETRO	
STREET ADDRESS	815 S.W. 10 TERR #24	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	SIT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLETTE LEBRUN	
STREET ADDRESS	815 S.W. 10 TERR	
CITY-ST-ZIP	HALLANDALE, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PAUL MERCIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8 Feb. 954-454-3593