

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90417 031 ***150.00

DOCUMENT # 271482

1. Entity Name

RO-LEN LAKE GARDENS "V" CORPORATION



Principal Place of Business

Mailing Address

~~86 JOSEPH E. DEVERINO~~
714 SOUTHWEST 11TH AVENUE
HALLANDALE FL 33009

~~76 JOSEPH E. DEVERINO~~
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

4. FEI Number

59-0966885

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)

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, 2006 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 ☐ Delete
NAME MERCIER, PAUL
STREET ADDRESS 815 SW 10TH TER
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☒ Addition
NAME *ST Thibeault, Denis*
STREET ADDRESS *815 SW 10th TER*
CITY-ST-ZIP *HALLANDALE, FL, 33009*

TITLE D ☒ Delete
NAME SELINGER, JEAN
STREET ADDRESS 815 SW 10TH TER
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☒ Addition
NAME *LEBRUN, COLETTE*
STREET ADDRESS *815 SW 10 TERR*
CITY-ST-ZIP *HALLANDALE, FL, 33009*

TITLE D ☐ Delete
NAME PAPPAS, WILLIAM
STREET ADDRESS 815 SW 10 TERR V-3
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MARTIN, PHILIPPE
STREET ADDRESS 815 SW 10TH TERR J-6
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME SANTOPIETRO, MAE
STREET ADDRESS 815 SW 10 TERR # 24
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Delete
NAME LEBRUN, COLETTE
STREET ADDRESS 815 SW 10 TERR
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Eufemia (Mae) Santopietro* *EUFEMIA MAE SANTOPIETRO* 2/10/06 9544554280