


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90235 001 15,496.25

<b>DOCUMENT # 728077</b>			
1. Entity Name DURHAM "V" CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business CONDO OWNERS ORG OF CNTRY VILL E 3501 WEST DRIVE DEERFIELD BCH., FL 33442-2085		Mailing Address CONDO OWNERS ORG OF CNTRY VILL E 3501 WEST DRIVE DEERFIELD BCH., FL 33442-2085	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		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 _____	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME BOURGEOIS, JOHN STREET ADDRESS 618 DURHAM V CITY-ST-ZIP DEERFIELD BCH., FL 33442	<input checked="" type="checkbox"/> Delete	TITLE PD NAME VIRGINIA HOGAN STREET ADDRESS 609 DURHAM V CITY-ST-ZIP D.B. 71 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME LEIBOUITCH, ISABELLE STREET ADDRESS 604 DURHAM V CITY-ST-ZIP DEERFIELD BCH., FL 33442	<input checked="" type="checkbox"/> Delete	TITLE UPD NAME CAROL ACCORNERO STREET ADDRESS 612 DURHAM V CITY-ST-ZIP D.B. 71 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME HOGAN, VIRGINIA STREET ADDRESS 809 DURHAM V CITY-ST-ZIP DEERFIELD BCH., FL 33442	<input checked="" type="checkbox"/> Delete	TITLE TD NAME HARRY ACCORNERO STREET ADDRESS 612 DURHAM V CITY-ST-ZIP D.B. 71 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ROSEN, MANNY STREET ADDRESS 620 DURHAM V CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE SD NAME MARY SIMONETTI STREET ADDRESS 601 DURHAM V CITY-ST-ZIP D.B. 71 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME DUNKELMAN, ALBERT STREET ADDRESS 606 DURHAM V CITY-ST-ZIP DEERFIELD BCH., FL 33442	<input checked="" type="checkbox"/> Delete	TITLE D NAME PAT. AMORINI STREET ADDRESS 608 DURHAM V CITY-ST-ZIP D.B. 71 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME STEIN, DAVID STREET ADDRESS 811 DURHAM V CITY-ST-ZIP DEERFIELD BCH., FL 33442	<input checked="" type="checkbox"/> Delete	TITLE D NAME Robert HOGAN STREET ADDRESS <del>608</del> 610 DURHAM V CITY-ST-ZIP D.B. 71 33442	<input type="checkbox"/> Change <input checked="" 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: <u>Mary Simonetti</u>		DATE: <u>4/15/07</u> DAYTIME PHONE #: <u>(954) 418-0251</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	



02172007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1906044 Applied For Not Applicable

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

5. Name and Address of Current Registered Agent CONDO OWNER ORG OF CNTRY VILL E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 reappointing)

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

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