## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT #728077** DURHAM "V" CONDOMINIUM ASSOCIATION, INC.

HOGAN, ROBERT

CITY-ST-ZP DEERFIELD BEACH, FL 33442

STREET ADDRESS 610 DURHAM V

NAME



**FILED** 

May 22, 2008 8:00 am Secretary of State

05-08-2008 90101 001 15,496.25

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CONDO OWNERS ORG OF CNTRY VILL E 3501 WEST DRIVE DEERFIELD BCH., FL 33442-2085		Mailing Address CONDO DWINERS ORG OF CNTRY VILL E 3501 WEST DRIVE DEERFIELD BCH., FL 33442-2085					
		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302008 C	hg-NP CR2E03	17 (12/06)	
City & State		City & State		4. FEI Number 59-190604	14	<u> </u>	pplied For of Applicable
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Ad Fee Require	ditioned ed
	6. Name and Address of Current R	egistered Agent		7. Name and Add	tress of New Registered /	Agent	
		<u> </u>	Name	· · · · · · · · · · · · · · · · · · ·			
	OWNER ORG OF CNTRY VILLE						
3501 WEST DRIVE		Street Address		is (P.O. Box Number is	Not Acceptable)		
DEEKIFLI	ED BEACH, FL 33442-2085			·			
			City		FL	Zip Cod	le .
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the obliga	e named entity submits this statement for litions of registered agent.	ma borbose or creating as	registered dirice or regis	acreo agera, or com, in	ime State Cifiono a. Tami	amuar win,	and accept
SIGNATURE							
	Signature, typed or printed name of registered agent en	d title if applicable. (NOTE:	: Registered Agent signature requ	ared when reinstaling)	DATE		
		A. El. K O			T		
	Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C		\$5.00 May Be	Make check Florida Depart		
10.	nan ny may it zana						
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_	PD HOGAN, VIRGINIA 609 DURHAM V		TITLE S D MAME STREET ADDRESS	ADDITIONS/CHANG ARY AM 600 DO	ESTOOFFICERS AND DIF ORIN! URHAM		10
NAME STREET ADDRESS CITY-ST-ZIP	PD HOGAN, VIRGINIA 609 DURHAM V DEERFIELD BEACH, FL 33442	□ Delete	TITLE S D MANNE STREET ADDRESS CITY-S1-28P	ADDITIONS/CHANG ARY AM 600 DO	ES TO OFFICERS AND DIF	[] Change	Addition
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12. Thereby 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 eath; 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.

HAME

STREET ADDRESS

CITY-ST-ZIP