


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90012 013 \*\*\*\*61.25

<b>DOCUMENT # 732049</b> 1. Entity Name <b>WELLS CONDOMINIUM NO. V ASSOCIATION, INC.</b>					
Principal Place of Business 3599 UNIVERSITY BLVD., SUITE 503 JACKSONVILLE, FL 32216			Mailing Address C/O 8641 BAYPINE RD SUITE 1 JACKSONVILLE, FL 32256		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1696085</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PROPERTY SERVICES, INC.</b> <b>8641 BAYPINE RD</b> <b>SUITE 1</b> <b>JACKSONVILLE, FL 32256</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	PD <input type="checkbox"/> Delete <b>SHAHRIAR, NABIZADEH</b> STREET ADDRESS <b>3599 UNIV. BLVD. S. #507</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32216</b>				
TITLE	STD <input type="checkbox"/> Delete <b>GOROSPE, CORNELIO A</b> STREET ADDRESS <b>3599 UNIVERSITY BLVD S</b> CITY-ST-ZIP <b>JACKSONVILLE, FL</b>				
TITLE	D <input type="checkbox"/> Delete <b>GILMOUR, KAY E</b> STREET ADDRESS <b>3599 UNIVERSITY BLVD S</b> CITY-ST-ZIP <b>JACKSONVILLE, FL</b>				
TITLE	D <input type="checkbox"/> Delete <b>HOSEIN, YASREBI</b> STREET ADDRESS <b>3599 UNIVERSITY BLVD S</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32216</b>				
TITLE	D <input type="checkbox"/> Delete <b>MIGUEL, GEORGE</b> STREET ADDRESS <b>3599 UNIVERSITY BLVD S</b> CITY-ST-ZIP <b>JAX, FL</b>				
TITLE	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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.					
<b>SIGNATURE:</b> _____ <b>4-27-4</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					