


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90411 030 ****61.25

DOCUMENT # 732049 1. Entity Name WELLS CONDOMINIUM NO. V ASSOCIATION, INC.	
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Principal Place of Business 3599 UNIVERSITY BLVD., SUITE 503 JACKSONVILLE, FL 32216	Mailing Address C/O 8641 BAYPINE RD SUITE 1 JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE

04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1696085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PROPERTY SERVICES, INC.
8641 BAYPINE RD
SUITE 1
JACKSONVILLE, FL 32256

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

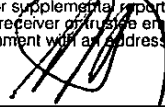
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHAHRIAR, NABIZADEH 3599 UNIV. BLVD. S. #507 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GOROSPE, CORNELIO A 3599 UNIVERSITY BLVD S JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILMOUR, KAY E 3599 UNIVERSITY BLVD S JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOSEIN, YASREBI 3599 UNIVERSITY BLVD S JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIGUEL, GEORGE 3599 UNIVERSITY BLVD S JAX, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **S.N. Hegir, Jr.** 4/26/06 904.731.9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #