
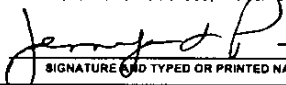


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90059 034 \*\*\*\*61.25

<b>DOCUMENT # 732049</b> 1. Entity Name <b>WELLS CONDOMINIUM NO. V ASSOCIATION, INC.</b>					
Principal Place of Business <b>3599 UNIVERSITY BLVD., SUITE 503 JACKSONVILLE, FL 32216</b>			Mailing Address <b>C/O 8641 BAYPINE RD SUITE 1 JACKSONVILLE, FL 32256</b>		
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	01112007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-1696085</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PROPERTY SERVICES, INC. 8641 BAYPINE RD SUITE 1 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 reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD SHAHRIAR, NABIZADEH <input type="checkbox"/> Delete STREET ADDRESS 3599 UNIV. BLVD. S. #507 CITY-ST-ZIP JACKSONVILLE, FL 32216		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	STD GOROSPE, CORNELIO A <input checked="" type="checkbox"/> Delete STREET ADDRESS 3599 UNIVERSITY BLVD S CITY-ST-ZIP JACKSONVILLE, FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D GILMOUR, KAY E <input type="checkbox"/> Delete STREET ADDRESS 3599 UNIVERSITY BLVD S CITY-ST-ZIP JACKSONVILLE, FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D HOSEIN, YASREBI <input type="checkbox"/> Delete STREET ADDRESS 3599 UNIVERSITY BLVD S CITY-ST-ZIP JACKSONVILLE, FL 32216		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D MIGUEL, GEORGE <input type="checkbox"/> Delete STREET ADDRESS 3599 UNIVERSITY BLVD S CITY-ST-ZIP JAX, FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 another like empowered.					
<b>SIGNATURE:</b>  <b>Jennifer Presson</b> 3/26/07 904-231-9500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					