


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90057 050 ****61.25

DOCUMENT # 732049 1. Entity Name WELLS CONDOMINIUM NO. V ASSOCIATION, INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1696085	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PROPERTY SERVICES, INC. 8641 BAYPINE RD SUITE 1 JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAHRIAR, NABIZADEH <input type="checkbox"/> Delete 3599 UNIV. BLVD. S. #507 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Shahriar, Nabizaden <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11512 Lake mead Ave #601 Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMOUR, KAY E <input type="checkbox"/> Delete 3599 UNIVERSITY BLVD S JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gilmour, Kay <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3599 University Blvd S #302 Jacksonville, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSEIN, YASREBI <input type="checkbox"/> Delete 3599 UNIVERSITY BLVD S JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hosein, Yasrebi <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3599 University Blvd S #506 Jacksonville, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGUEL, GEORGE <input type="checkbox"/> Delete 3599 UNIVERSITY BLVD S JAX, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D miguel, George <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3599 University Blvd S #255 Jacksonville, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Van Pelt, Rodney <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3625 University Blvd S. Jacksonville, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 another like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 3/20/08 904-731-9520 </div> <small>Date Daytime Phone #</small>		