

FILED
Apr 28, 2008 8:00 am
Secretary of State

03-31-2008 90033 043 ****61.25

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

DOCUMENT #741735

1. Entity Name
 HAWAIIAN GARDENS PHASE V ASSOCIATION, INC.



Principal Place of Business
 4800 NW 35TH ST.
 LAUDERDALE LAKES, FL 33319-5377

Mailing Address
 4800 NW 35TH ST.
 LAUDERDALE LAKES, FL 33319-5377

66008208

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03242008 Chg-NP CR25037 (12/08)	
Subs. Apt. #, etc.		Subs. Apt. #, etc.		4. FEI Number 59-1731078	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLOMAN, ERIC J. RA. 315 S.E. 7TH STREET ADVOCATE BUILDING 111 FL FT. LAUDERDALE, FL				7. Name and Address of New Registered Agent Name: Eric J. Goldman Street Address (P.O. Box Number is Not Acceptable): 315 SE 7th St Ft Lauderdale City: FL Zip Code: 33301	

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

Minimum: typed or printed name of registered agent and title if applicable.

Printed Registered Agent signature registration number (optional)

DATE

4/25/08

Filing Fee is \$81.25
 Due by May 1, 2008

9. Election Campaign Financing
 Trust Fund Contribution ☐

\$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	D RAND, EDITH 4800 NW 35ST LAUDERDALE LAKES, FL 33319 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMAN, JEAN CLAUDE 4800 NW 35 ST LAUDERDALE LAKES, FL 33319 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 TOUGAS, ROGER 3406 NW 49 AVE LAUDERDALE LAKES, FL 33319 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSS, LINDA 4801 NW 34 ST FORT LAUDERDALE, FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLONOTH, PIERRE 4800 NW 35 ST FORT LAUDERDALE, FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORTELANCE, JEAN 3405 NW 48 AVE LAUDERDALE LAKES, FL 33319 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEFEICE, EMMA 3405 NW 48 AVE LAUDERDALE LAKES, FL 33319 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEPIERRE, NICOLE 3406 NW 40TH AVE LAUDERDALE LAKES, FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/O ☐ Change ☒ 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 all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08

Date

954773960

Daytime Phone #