

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

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

03-01-2006 90020 024 ****70.00

DOCUMENT # 742694 1. Entity Name BARWOOD CONDOMINIUM V ASSOCIATION, INC.	
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Principal Place of Business 23247 BARWOOD LANE NORTH BOCA RATON FL 33428	Mailing Address 23247 BARWOOD LANE NORTH BOCA RATON FL 33428
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number 59-1885115	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RENZY, PHILIP 23247 BARWOOD LANE N #406 BOCA RATON FL 33428
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7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW: 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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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: RUSSO, JOSEPH STREET ADDRESS: 23247 BARWOOD LANE N. APT #307 CITY-ST-ZIP: BOCA RATON FL 33428	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: KAYES, EVELYN STREET ADDRESS: 23247 BARWOOD LANE NORTH #102 CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete
TITLE: T NAME: DOUGHERTY, MARY STREET ADDRESS: 23247 BARWOOD LANE NORTH, APT 308 CITY-ST-ZIP: BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE: D NAME: KUNDLER, HANNS STREET ADDRESS: 23247 BARWOOD LANE N., APT #301 CITY-ST-ZIP: BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE: P NAME: RENZY, PHILIP STREET ADDRESS: 23247 BARWOOD LANE N #406 CITY-ST-ZIP: BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE: D NAME: LEMASTER, WILLIAM STREET ADDRESS: 23247 BARWOOD LANE N, APT 304 CITY-ST-ZIP: BOCA RATON FL 33428	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: ARTHUR WALSH STREET ADDRESS: 23247 BARWOOD LANE NORTH, APT # 303 CITY-ST-ZIP: BOCA RATON, FLORIDA 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: Philip Renzy - Philip RENZY 2/15/06 (561) 488-9593