

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 763917 (2)**  
1. Corporation Name  
**OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. V, INC.**



Principal Place of Business  
**500 OCEAN TRAIL WAY  
JUPITER FL 33477**

Mailing Address  
**500 OCEAN TRAIL WAY  
JUPITER FL 33477**

3. Date Incorporated or Qualified  
**06/24/1982**

3a. Date of Last Report  
**03/23/1995**

4. FEI Number  
**59-2221533**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
**RUEY, ROBERT N.  
500 OCEAN TRAIL WAY, #311  
JUPITER FL 33477**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, HAROLD	12 NAME	
STREET ADDRESS	500 OCEAN TRAIL WAY	13 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	14 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, NORMAN	22 NAME	
STREET ADDRESS	500 OCEAN TRAIL WAY	23 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	24 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILEY, ROBERT	32 NAME	
STREET ADDRESS	500 OCEAN TRAIL WAY	33 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	34 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, JOSEPH	42 NAME	
STREET ADDRESS	500 OCEAN TRAIL WAY	43 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	44 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUEY, ROBERT M.	52 NAME	<b>Ruey, Robert M.</b>
STREET ADDRESS	500 OCEAN TRAIL WAY	53 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ruey, Robert M.** 1-23-96 407.744-394  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)