

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/24/1982	4. FEI Number 59-2221533	Applied For <input type="checkbox"/> Not Applicable
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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
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RUEY, ROBERT N. 500 OCEAN TRAIL WAY, #311 JUPITER FL 33477	
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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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **1-18-98**

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TD FLEMING, HAROLD
STREET ADDRESS	500 OCEAN TRAIL WAY
CITY-ST-ZIP	JUPITER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD GOODWIN, NORMAN
STREET ADDRESS	500 OCEAN TRAIL WAY
CITY-ST-ZIP	JUPITER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD TILEY, ROBERT
STREET ADDRESS	500 OCEAN TRAIL WAY
CITY-ST-ZIP	JUPITER FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD RUEY, ROBERT N
STREET ADDRESS	500 OCEAN TRAIL WAY
CITY-ST-ZIP	JUPITER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD THORPE, DEE
STREET ADDRESS	500 OCEAN TRAIL WAY
CITY-ST-ZIP	JUPITER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TD Robt. Dickau
1.3 STREET ADDRESS	500 Ocean Trail Way
1.4 CITY-ST-ZIP	Jupiter, FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD Donald Zimmer
2.3 STREET ADDRESS	500 Ocean Trail Way
2.4 CITY-ST-ZIP	Jupiter FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD Vincent Matteucci
3.3 STREET ADDRESS	500 Ocean Trail Way
3.4 CITY-ST-ZIP	Jupiter, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PD Anthony Castellani
5.3 STREET ADDRESS	500 Ocean Trail Way
5.4 CITY-ST-ZIP	Jupiter, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *[Signature]* DATE **3-18-98** **571-744-3911**

CR2E037 (10/97)