

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764587

FILED
Apr 28, 2009
Secretary of State

Entity Name: RIVER OAKS CONDOMINIUM V ASSOCIATION, INC.

Current Principal Place of Business:

REALMANAGE, 550 N REO ST.
SUITE 300
TAMPA, FL 33609 US

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

Current Mailing Address:

REALMANAGE, 550 N REO ST.
SUITE 300
TAMPA, FL 33609 US

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

FEI Number: 59-2232556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DADE MYERS PRO MANAGE LLC
550 N REO STREET
STE 300
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

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.

SIGNATURE: JAMES W HART JR

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CORVIN, JAIME
Address: 5030 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617

Title: PD () Delete
Name: SILVER, TOM
Address: 5016 PURITAN CIRCLE
City-St-Zip: TAMPA, FL

Title: DT () Delete
Name: HAYES, ROBERT
Address: 5022 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SILVER, TOM
Address: 5016 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617

Title: TD (X) Change () Addition
Name: HAYES, ROBERT
Address: 5022 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM SILVER

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date