

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766511

FILED
Apr 14, 2009
Secretary of State

Entity Name: S.L. CONDOMINIUM ASSOCIATION V, INC.

Current Principal Place of Business:

MA-CON, INC
4920 FRUITVILLE ROAD
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

MA-CON, INC
4920 FRUITVILLE ROAD
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 59-2317835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIL, WARREN
MA-CON, INC
4920 FRUITVILLE ROAD
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAMBRA, WALTER
Address: 406 SPRING LAKES BLVD
City-St-Zip: BRADENTON, FL 34210

Title: TD () Delete
Name: MUNDZAK, MARY
Address: 403 SPRING LAKES BLVD
City-St-Zip: BRADENTON, FL 34210

Title: SD () Delete
Name: WINROD, RICHARD
Address: 405 SPRING LAKES BLVD
City-St-Zip: BRADENTON, FL 34210

Title: VD () Delete
Name: HICKLE, MARGARET
Address: 401 SPRING LAKES BLVD
City-St-Zip: BRADENTON, FL 34210

Title: D () Delete
Name: ANFLIN, DENNIS
Address: 413 SPRING LAKES BLVD
City-St-Zip: BRADENTON, FL 34210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: ANGLIN, DENNIS
Address: 413 SPRING LAKES BLVD
City-St-Zip: BRADENTON, FL 34210

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: WALTER BAMBRA

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date