2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 13, 2009
Secretary of State

DOCUMENT# N03000010918

Entity Name: JARDIN CONDOMINIUM ASSOCIATION V, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

125 JARDIN DE MER PLACE
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

PO BOX 51322
JACKSONVILLE BEACH, FL 32240

FEI Number: 20-1385356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CARTER, TERI A
125 JARDIN DE MER PLACE
JACKSONVILLE BEACH, FL 32250 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: TERI A. CARTER 08/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RILEY, ANDREW
Address: 56 JARDIN DE MER PL
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD ( ) Delete
Name: LAFLAMME, RONALD
Address: 52 JARDIN DE MER PL
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD ( ) Delete
Name: ABATE, JAMES V
Address: 55 JARDIN DE MER PL
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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:

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: ANDREW RILEY PD 08/13/2009
Electronic Signature of Signing Officer or Director Date