



2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000004199		
1. Entity Name LAUREL GREENS CONDOMINIUM ASSOCIATION V, INC.		
Principal Place of Business 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	Mailing Address 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	
2. Principal Place of Business	3. Mailing Address	

FILED

05 OCT 24 PM 6:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MANAGEMENT SERVICES, INC.
12734 Kenwood Ln., Suite 49
Ft. Myers, FL 33907 USA



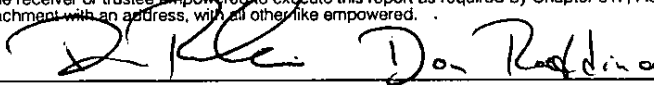
MANAGEMENT SERVICES, INC.
12734 Kenwood Ln., Suite 49
Ft. Myers, FL 33907 USA

REINSTATEMENT 2005	
1. FEI Number 01-0814214	Applied For <input type="checkbox"/> Not Applicable
2. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY ST FT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.		DATE _____ (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPECTOR, GAIL 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sorenson, Andy 10481 Six mile Cypress Pkwy Ft. Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMURRAY, DARIN 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM Roedding, Don 12734 Kenwood Lane, Suite 49 Ft. Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURNS, ALAN R 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hagen, John 10481 Six mile Cypress Pkwy Ft. Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600060897956 10/24/05--01061--002 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **10/21/05 (235) 931-2551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #