

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004199

FILED
Apr 02, 2009
Secretary of State

Entity Name: LAUREL GREENS CONDOMINIUM ASSOCIATION V, INC.

Current Principal Place of Business:

TROPICAL ISLES MGMT SVCS INC
1035 COLLIER CENTER WAY
NAPLES, FL 34110

New Principal Place of Business:

1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110

Current Mailing Address:

TROPICAL ISLES MGMT SVCS INC
1035 COLLIER CENTER WAY
NAPLES, FL 34110

New Mailing Address:

1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110

FEI Number: 01-0814214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANCED PROPERTY MANAGEMENT
1035 COLLIER CENTER WAY #7
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

ADVANCED PROPERTY MANAGEMENT
1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110 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: SUSAN THOMPSON

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RYAN, FRANK
Address: 3505 LAUREL GROUP LN SUITE 202
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: SHEA, TIMOTHY
Address: 3505 LAUREL GREAR LN SOUTH SUITE 201
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RYAN, FRANK
Address: 3505 LAUREL GREENS LANE #202
City-St-Zip: NAPLES, FL 34119

Title: DVPS (X) Change () Addition
Name: SHEA, TIMOTHY
Address: 3505 LAUREL GREENS LANE #201
City-St-Zip: NAPLES, FL 34119

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: FRANK RYAN

DP

04/02/2009

Electronic Signature of Signing Officer or Director

Date