## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N23430

THE PARK AT WINDWOOD CONDOMINIUM V ASSOCIATION, INC.



**FILED** 

Feb 12, 2007 8:00 am

Secretary of State

02-12-2007 90081 026 \*\*\*\*61.25

3380 JAYWOOD TERRACE UNIT 4, BOX 4

Principal Place of Business Mailing Address 3380 JAYWOOD TERRACE UNIT 4, BOX 4 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. # etc. Suite Apt. #. etc. 01262007 Chq-NP CR2E037 (12/06) City & State City & State Applied For 65-0019601 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HULL, ROGER C 3323 JAYWOOD TERR. # J-209 Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33431 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  $\Box$ Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Channe Addition HULL, ROGERS NAME NAME 3325 JAYWOOD TERR#J209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition HANLON, RHONDA NAME NAME STREET ADDRESS **388 SW 5TH WAY** STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CJTY-ST-ZIP D **∑**Delete TITLE ☐ Change ☐ Addition TITLE DAU, PATRICIA NAME NAME STREET ADDRESS 5100 COLUMBO CT STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME NAME DAU, Robert E. STREET ADORESS STREET ADDRESS 5100 Columbo Ct CITY-ST-ZIP CITY-ST-ZIP プラナタナ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP City-St-ZIP Change IIILE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 mystee 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 w

SIGNATURE: