


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

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

DOCUMENT # N23430 1. Entity Name THE PARK AT WINDWOOD CONDOMINIUM V ASSOCIATION, INC.					
Principal Place of Business 3380 JAYWOOD TERRACE UNIT 4, BOX 4 BOCA RATON, FL 33431			Mailing Address 3380 JAYWOOD TERRACE UNIT 4, BOX 4 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0019601			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HULL, ROGER C. 3323 JAYWOOD TERR. # J-209 BOCA RATON, FL 33431			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HULL, ROGERS 3325 JAYWOOD TERR#J209 BOCA RATON, FL 33431		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HANLON, RHONDA 388 SW 5TH WAY BOCA RATON, FL 33432		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAU, PATRICIA 5100 COLUMBO CT DELRAY BEACH, FL 33484		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAU, Robert E. 5100 Columbo Ct. Delray Beach, FL 33484		<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	_____ _____ _____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____		<input type="checkbox"/> Delete		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #