

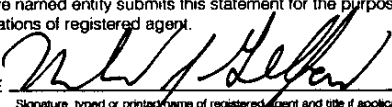
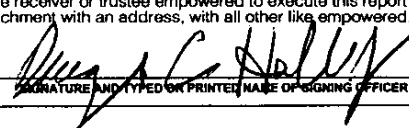


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90033 017 ****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 c/o Gates Mgmt Services		 01242008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 2568			
City & State		City & State Boca Raton, FL			
Zip	Country	Zip	Country	4. FEI Number 65-0019601	
33427	US	33427	US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HULL, ROGER C. 3323 JAYWOOD TERR. # J 209 BOCA RATON, FL 33431				Name Michael J. Gelfand	
				Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Blvd.	
				Suite 1220	
				City West Palm Beach	
				State FL	
				Zip Code 33401	
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 				DATE 3/29/08	
Filing Fee is \$61.25 Due by May 1, 2008				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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD			TITLE	
NAME	HULL, ROGERS	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	3325 JAYWOOD TERR#J209			STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33431			CITY - ST - ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	
NAME	HANLON, RHONDA			NAME	
STREET ADDRESS	388 SW 5TH WAY			STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33432			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	DAU, ROBERT E			NAME	
STREET ADDRESS	5100 COLUMBO CT			STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH, FL 33484			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
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 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: 				Date: 2/15/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	