

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33949

FILED
Apr 24, 2008
Secretary of State

Entity Name: OCEAN POINTE V CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

500 BURTON DRIVE
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

107 HAMPTON ROAD
SUITE 100
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 65-0169473 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PROVIDENT ATLANTIC RESORTS INC.
107 HAMPTON ROAD
SUITE 100
CLEARWATER, FL 337593916 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERRIGAN, MICHAEL
Address: 500 BURTON DRIVE #5306
City-St-Zip: TAVERNIER, FL 33070

Title: STD () Delete
Name: TABBERT, WILLIAM
Address: 500 BURTON DRIVE #5307
City-St-Zip: TAVERNIER, FL 33070

Title: VPD () Delete
Name: BIRREN, CHRISTOPHER
Address: 1554 MAPLE AVE.
City-St-Zip: NORTHBROOK, IL 600625475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: HERRIGAN, MICHAEL
Address: 500 BURTON DRIVE #5306
City-St-Zip: TAVERNIER, FL 33070

Title: STD (X) Change () Addition
Name: GARBER, KENNETH
Address: 500 BURTON DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: PD (X) Change () Addition
Name: BIRREN, CHRISTOPHER
Address: 1554 MAPLE AVE.
City-St-Zip: NORTHBROOK, IL 60062

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: M SUE DOBSON

AGT

04/24/2008

Electronic Signature of Signing Officer or Director

Date