

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

N42089


FILED

06 JUN -5 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66013200

04-11-06 96126 037- \$61.25

04192006 Chg-NP CR2E037 (11/05)

DOCUMENT # N42089					
1. Entity Name SUNCREST-UNIT V HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4729 SUNTREE BLVD ORLANDO, FL 32817 US			Mailing Address 4729 SUNTREE BLVD ORLANDO, FL 32817 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3122868	
				Applied For Not Applicable	
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		
CARDELL, EDWARD - 4729 SUNTREE BLVD ORLANDO, FL 32817			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 see if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARDELL, EDWARD		NAME		
STREET ADDRESS	4729 SUNTREE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32817		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AGUERRE, FRANCISCO		NAME		
STREET ADDRESS	4213 SUNTREE BLVD		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32817		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARDINAS, ROBERT		NAME		
STREET ADDRESS	4733 SUNTREE BLVD		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32817		CITY - ST - ZIP		
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMITAANE, ALEX		NAME	ALEX AMITRANO	
STREET ADDRESS	4749 SUNTREE BLVD		STREET ADDRESS	4749 SUNTREE BLVD	
CITY - ST - ZIP	ORLANDO, FL 32817		CITY - ST - ZIP	ORLANDO, FL 32817	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	John Kelly	
STREET ADDRESS			STREET ADDRESS	10507 CREST OCEAN CR.	
CITY - ST - ZIP			CITY - ST - ZIP	Orlando, FL 32817	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: <i>Edward Cardell</i>			4-23-06 407-657-1279		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		