



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N94000003049</b> 1. Entity Name UPARC HOUSING V, INC.			
Principal Place of Business 1501 N. BELCHER ROAD CLEARWATER FL 33765 US		Mailing Address 1501 N. BELCHER ROAD CLEARWATER FL 33765 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>59-3250598</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BUCKLEY, THOMAS</b> <b>1501 N. BELCHER ROAD</b> <b>CLEARWATER FL 33765</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P SMITH, MARION 1884 OAKDALE LANE NO CLEARWATER FL	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000676802 03/30/07-80075-014 61.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T LEWIS, MICHAEL 1733 PINE CREEK CT SAFETY HARBOR FL	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S BUCKLEY, THOMAS 6402 BROOK HOLLOW CT TAMPA FL	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GAMBLE, CHARLES 1722 HICKORY GATE DR. S. DUNEDIN FL	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D JAMIESON, HARRY 301 JASMINE WAY CLEARWATER FL	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Thomas Buckley** 3-12-07 (727) 799-3330