


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90347 001 ****61.25

DOCUMENT # N98000001210 1. Entity Name WEST PALM VILLAS V CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7401 W 22ND HIALEAH FL 33016			Mailing Address P.O. BOX 440067 MIAMI FL 33144		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 65-0493409	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, LUIS 11890 SW 8 ST. STE. 301 MIAMI FL 33184				7. Name and Address of New Registered Agent Name Frank Perez-Siam Street Address (P.O. Box Number is Not Acceptable) 7001 SW 87 CT City Miami FL Zip Code 33173	
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 <i>Frank Perez</i> 04/19/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, MARIO 7411 W 22 AVE., #105 HIALEAH FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D LOPEZ, Yesenia 7001 SW 87 CT Miami, Fl. 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JELVES, ADOLFO A 7425 W 22 AVE., #204 HIALEAH FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ARENCIBIA, Estela 7001 SW 87 Ct Miami, Fl. 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAGES, JAMIE 7453 W 22 AVE., #203 HIALEAH FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SOSA, Carlos 7001 SW 87 Ct Miami, Fl. 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEON, CARLOS 1957 W 60 ST HIALEAH FL 33012	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD GOMEZ, NEPTALI 1957 W 60ST HIALEAH FL 33012	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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 exemption stated in Section 119.07(3)(i), 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>[Signature]</i>			04/19/05 (305) 553-9731		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		