


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90147 028 \*\*\*\*61.25

<b>DOCUMENT # N98000002024</b>	
<b>1. Entity Name</b> SEA OAKS RIVER HOMES V HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963	<b>Mailing Address</b> 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963
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<b>2. Principal Place of Business</b> 8811 AIA Suite, Apt. #, etc.	<b>3. Mailing Address</b> 8811 AIA Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

<b>City &amp; State</b> Vero Beach, FL	<b>City &amp; State</b> Vero Beach, FL
<b>Zip</b> 32963	<b>Zip</b> 32963

<b>4. FEI Number</b> 65-0843962	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> DAWSON, PAMELA 1235 WINDING OAK CIR VERO BEACH FL 32963
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<b>7. Name and Address of New Registered Agent</b> Name: <u>Same</u> Street Address (P.O. Box Number is Not Acceptable): 8811 AIA City: <u>Same</u> FL Zip Code:
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<b>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.</b> SIGNATURE: <u>[Signature]</u> <b>Managing Agent</b> DATE: <u>2/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> DUCAYET, KIRBY 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> BONNET, ERIC 1235 WINDING OAK CIR VERO BEACH FL 32963 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DD</b> WEISS, DALE 1235 WINDING OAKS CIR. VERO BEACH FL 32963 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8811 AIA
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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 an other like empowered.</b>
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<b>SIGNATURE:</b> <u>[Signature]</u> <b>2/14/06 772-231-2154</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>