

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145404

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** HILLSBOROUGH COUNTY V CORPORATION

**Current Principal Place of Business:**

1600 SAWGRASS CORP PKWY  
STE 400  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1600 SAWGRASS CORP PKWY  
STE 400  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** 20-3927455

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HELFMAN, STEVEN M ESQ  
1600 SAWGRASS CORP PKWY, STE 400  
SUNRISE, FL 33323 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** EZRATTI, ITZHAK  
**Address:** 1600 SAWGRASS CORP PKWY, STE 400  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** VAS  
**Name:** FANT, ALAN J  
**Address:** 1600 SAWGRASS CORP PKWY, STE 400  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** VP  
**Name:** ARKIN, RICHARD  
**Address:** 1600 SAWGRASS CORP PKWY, STE 400  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** V  
**Name:** NORWALK, RICHARD M  
**Address:** 1600 SAWGRASS CORP PKWY, STE 400  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** VT  
**Name:** MENENDEZ, N. MARIA  
**Address:** 1600 SAWGRASS CORP PKWY, STE 400  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** S  
**Name:** CORBAN, PAUL  
**Address:** 1600 SAWGRASS CORP PKWY, STE 400  
**City-St-Zip:** SUNRISE, FL 33323

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** N. MARIA MENENDEZ

VP

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date