

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013777 (7)

1. Corporation Name

GMN AFFORDABLE HOUSING PARTNER V, INC.

Principal Place of Business

1460 BRICKELL AVE
SUITE 309
MIAMI FL 33131

Mailing Address

1460 BRICKELL AVE
SUITE 309
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1992

3a. Date of Last Report

06/23/1994

4. FEI Number

65-0376319

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199 U.S.
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

26. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GREATER MIAMI NEIGHBORHOODS, INC.
1460 BRICKELL AVE.
309
MIAMI FL 33131

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Person Authorized to Register Agent)

(Signature of Registered Agent or Person Authorized to Register Agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE PD
2. NAME POLLACK, ROBERT W JR
3. STREET ADDRESS 1460 BRICKELL AVE SUITE 309
4. CITY, ST, ZIP MIAMI FL 33131

5. TITLE D
6. NAME WOLFSON, LOUIS III
7. STREET ADDRESS 9350 S. DIXIE HIGHWAY #900
8. CITY, ST, ZIP MIAMI FL 33156

9. TITLE VD
10. NAME ANDERSON EUGENIA J.
11. STREET ADDRESS 1460 BRICKELL AVE., # 309
12. CITY, ST, ZIP MIAMI FL 33131

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE VD
2. NAME AGUSTIN DOMINGUEZ
3. STREET ADDRESS 1460 BRICKELL AVE 309
4. CITY, ST, ZIP MIAMI FL 33131

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

EUGENIA J ANDERSON VD

5/1/95

(305) 374-5503