

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90157 001 \*3,226.25

DOCUMENT # **P92000013777**

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

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**12/23/1992**

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

**FL**

85 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SIBLEY, RUSSELL A	1460 BRICKELL AVE SUITE 309	MIAMI FL 33131	<input type="checkbox"/>
D	WOLFSON, LOUIS III	9350 S. DIXIE HIGHWAY #900	MIAMI FL 33156	<input checked="" type="checkbox"/>
VD	ANDERSON EUGENIA J.	1460 BRICKELL AVE., # 309	MIAMI FL 33131	<input type="checkbox"/>
PD	DOMINGUEZ, AGUSTIN	1460 BRICKELL AVE 309	MIAMI FL 33131	<input type="checkbox"/>
T	DE RAMON, GONZALO	1460 BRICKELL AVE., #309	MIAMI FL 33131	<input type="checkbox"/>
C	SARIOL, MARIO A	1460 BRICKELL AVE., #309	MIAMI FL 33131	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
V	Sibley, Russell A.	1460 BRICKELL AVE #309	MIAMI, FLA 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
V	Anderson, Eugenia J.	1460 BRICKELL AVE, #309	MIAMI, FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Dominguez, Agustin	1460 BRICKELL AVE # 309	MIAMI, FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T/D	De Ramon, Gonzalez	1460 BRICKELL AVE #309	MIAMI, FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)