


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90009 047 \*\*\*\*61.25

<b>DOCUMENT # 758660</b>			
1. Entity Name CASA SERENA CONDOMINIUM ASSOCIATION OF BREVARD, INC.			
Principal Place of Business 8535 CANAVERAL COURT CAPE CANAVERAL, FL 32920 US		Mailing Address 200 W CENTRAL BLVD CAPE CANAVERAL, FL 32920	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
07142006		Chg-NP CR2E037 (4/06)	
4. FEI Number 59-2454487		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NASAJPOUR, AHMAD <del>1140 HORIZON COURT</del> <del>MERRITT ISLAND, FL 32952</del> 3502 Palomino Road Melbourne, FL 32934		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Ahmad Nasajpour		DATE 7-17-2006	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 6, 2006		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	PVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKEY, KAREN S	NAME	
STREET ADDRESS	8529 CANAVERAL BLVD	STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	CITY-ST-ZIP	
TITLE	TSD <input checked="" type="checkbox"/> Delete	TITLE	TSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASAJPOUR, AHMAN	NAME	Nasajpour, Ahmad
STREET ADDRESS	1140 HORIZON COURT	STREET ADDRESS	3502 Palomino Road
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP	Melbourne, FL 32934
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROUGHI, SHAHLA	NAME	Foroughi, Shahla
STREET ADDRESS	1140 HORIZON COURT	STREET ADDRESS	3502 Palomino Road
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP	Melbourne, FL 32934
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	to replace check No. 1124 Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	dated January 18, 2006
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	check lost Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.			
SIGNATURE: Ahmad Nasajpour		Date 7-17-2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 321-784-1450	