2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

	9,00				\sim	ソレレコ しし	ai v v	リエ めほ	aic	
DOCUMENT # 758660 1. Entity Name CASA SERENA CONDOMINIUM ASSOCIATION OF BREVARD, INC.					07-19-2006 90009 047 ****61.25					
Principal Place of Business 8535 CANAVERAL COURT CAPE CANAVERAL, FL 32920 US Mailing Address 200 W CENTRAL BLVD CAPE CANAVERAL, FL 3292						BIFRU KRIITA ATIUA AUKT	8311 84811 81811 81	AN ANDN ASEN AND	III a: 1 1 1841	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07142006	Chg-NP	CR2E	037 (4/06)		
City & Stat	e	City & State		4	4. FEI Number					
Zip	Country	Zip Country		5	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Agent		. 7	. Name and	Address of Nev	v Registered	Agent		
NASAJPO	Name	le								
XIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	IZQN &QURT ISKANIXBLX32852	Street Address			(P.O. Box Number is Not Acceptable)					
	Palomino Road									
Melbourne,F1. 32934				FL Zip Code						
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	egistered office or	registered	agent, or both	n, in the State of	Florida. I am	familiar with,	and accept	
_				> -			.957 11	7-2006		
SIGNATURE	Ahmad Nasajpour	Mary	The second					7-2006	<u> </u>	
	Signature, typed or printed name of registered agen	I and title il applicable. (NO1E:	Registered Agent signat	ure required whe	en reinstäting)		DATE			
Filing Fee is \$61.25 Due by September 6, 2006 Piling Fee is \$61.25 Trust Fund Contribution.					\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.	OFFICERS AND D	RECTORS	11.	IDA	DITIONS/CHA	NGES TO OFF	CERS AND D	IRECTORS IN	l 10	
TITLE	PVD	☐ Delete	TITLE					Change	Addition	
NAME	ROCKEY, KAREN S		NAME STREET ADDRESS							
STREET ADDRESS City-St-Zip	8529 CANAVERAL BLVD CAPE CANAVERAL, FL 32920		CITY-ST-ZIP							
TITLE	TSD	☐ Delete	TITLE	TSD				Change	Addition	
NAME	NASAJPOUR, AHMAN		NAME	Nasa	jpour,	Ahmad				
STREET ADDRESS CITY-ST-ZIP	1140 HORIZON COURT MERRITT ISLAND, FL 32952		STREET ADDRESS CITY-ST-ZIP	3502	Palor	nino Ro	ad			
TITLE	D		TITLE	I _	ourne,	F13	2934	★ Change	☐ Addition	
NAME	FROUGHI, SHAHLA	Delete	NAME	D Foro	ughi,	Shahla		Orange	Addition	
STREET ADDRESS	1140 HORIZON COURT		STREET ADDRESS	3502	Palor	nino Ro	ad			
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP			F1. 32				
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	to	repla	ce che	ck No.	1124	_	
TITLE		☐ Delete	TITLÉ		F				Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	da	ted Ja	nuary	18,200)6		
TITLE		☐ Delete	TITLE	C	heck 1	.ost			Addition	
NAME	1		NAME	l						
STREET ADDRESS			STREET ADDRESS							

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.

321-784-1450

SIGNATURE: ..

Ahmad Nasajpour

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-2006

Daytime Phone #

Date