


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759437** (7)

1. Corporation Name

**LOT 1, SERENOLA MANOR, UNIT NO. 2 CONDOMINIUM AS  
SOCIATION, INC.**

Principal Place of Business

Mailing Address

10530 NW 20 CT  
SUNRISE FL 33322

10530 NW 20 CT  
SUNRISE FL 33322-3523



2. Principal Place of Business 21 <b>P.O. Box 519</b>		2a. Mailing Address 26 <b>P.O. Box 519</b>		3. Date Incorporated or Qualified <b>08/03/1981</b>	3a. Date of Last Report <b>03/05/1996</b>
22 <b>6778 Womens Club Rd</b>		27 <b>6778 Womens Club Rd</b>		4. FEI Number <b>59-2951671</b>	Applied For Not Applicable
23 <b>KeySTONE HTS FLA</b>		28 <b>KeySTONE HTS FLA</b>		6. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>32656</b> <b>USA</b>		29 <b>32656</b> <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 <b>USA</b>		30 <b>USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DUBOIS, DENNIS K**  
10530 NW 20TH CT  
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name **CARL F. HAGGLUND**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6778 Womens Club Drive**  
83 **P.O. Box 519**  
84 City **KeySTONE HTS, FL** 85 Zip Code **32656**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE:

**CARL F. HAGGLUND**

*Carl F. Hagglund*

**4/14/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSE, WALTER</b>	1.2 NAME	
STREET ADDRESS	<b>101 N ATLANTIC AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUBOIS, DENNIS K</b>	2.2 NAME	<b>RAY, DAVID G.</b>
STREET ADDRESS	<b>10530 NW 20 CT</b>	2.3 STREET ADDRESS	<b>16946 WELLS WORTH</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>	2.4 CITY-ST-ZIP	<b>GOLDEN COLORADO 80401</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAGGLUND, CARL</b>	3.2 NAME	<b>HAGGLUND, CARL</b>
STREET ADDRESS	<b>3417 SW 28TH TER UNIT C</b>	3.3 STREET ADDRESS	<b>P.O. Box 519, 6778 Womens Club Rd</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	3.4 CITY-ST-ZIP	<b>KeySTONE HTS, FLA 32656</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALVETTO, RICHARD S</b>	4.2 NAME	
STREET ADDRESS	<b>2595 PLAZA DEL AMO #422</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORRANCE CA</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Carl F. Hagglund* **CARL F. HAGGLUND - 4/14/97 - 352-473-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **352-473-8000**

CR2E037 (9/96)