

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90225 008 \*\*\*\*61.25

**DOCUMENT # 759437**

1. Entity Name  
LOT 1, SERENOLA MANOR, UNIT NO. 2 CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
5200 NW 43 STREET  
SUITE 102-381  
GAINESVILLE, FL 32606 US

Mailing Address  
5200 NW 43 STREET  
SUITE 102-381  
GAINESVILLE, FL 32606 US

50016519



2. Principal Place of Business

11916 NW SR 45

Suite, Apt. #, etc.

3. Mailing Address

11916 NW SR 45

Suite, Apt. #, etc.

04132006 Chg-NP CR2E037 (11/05)

City & State

High Springs, FL

Zip 32643 Country US

City & State

High Springs, FL

Zip 32643 Country US

4. FEI Number  
59-2951671

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAIL, EDY  
5200 NW 43 STREET  
SUITE 102-381  
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent

Name Emil D. Koller Jr.

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

11916 NW SR 45

City High Springs FL Zip Code 32643

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

Emil D. Koller Jr. President

4/21/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete  
NAME OYERINDE, OYEKUNLE A  
STREET ADDRESS 64 LANSDELL RD.  
CITY-ST-ZIP LONDON, ENGLAND, cr42je

TITLE SD ☐ Delete  
NAME HAGGLUND, CARL  
STREET ADDRESS 6778 WOMENS CLUB RD.  
CITY-ST-ZIP KEYSTONE HTS, FL 32656

TITLE PD ☒ Delete  
NAME CAIL, EDY  
STREET ADDRESS 5200 NW 43 STREET, STE 102-381  
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE TD ☒ Delete  
NAME OYERINDE, KEHINDE O  
STREET ADDRESS 2 OWRCESTER CLOSE  
CITY-ST-ZIP LONDON, ENGLAND, cr41sp

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Change ☒ Addition  
NAME Koller Jr. Emil D.  
STREET ADDRESS 11916 NW SR 45  
CITY-ST-ZIP High Springs, FL 32643

TITLE TD ☒ Change ☒ Addition  
NAME Shenbanjo, Michael A.  
STREET ADDRESS 621 NW 11th Avenue  
CITY-ST-ZIP Gainesville, FL 32601

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Emil D. Koller Jr. President 4/21/06 (386) 454-3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #