2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 15, 2007 8:00 am **Secretary of State DOCUMENT #759437** 02-15-2007 90042 033 ****61.25 LOT 1, SERENOLA MANOR, UNIT NO. 2 CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 11916 NW SR 45 11916 NW SR 45 40017892 HIGH SPRINGS, FL 32643 HIGH SPRINGS, FL 32643 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132007 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-2951671 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOLLER, EMIL D JR Street Address (P.O. Box Number is Not Acceptable) 11916 NW SR 45 HIGH SPRINGS, FL 32643 Zip Code 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 **\$5.00** мау Ве Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD TITLE Delete TITLE ☐ Change ■ Addition OYERINDE, OYEKUNLE A NAME NAME 64 LANSDELL RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONDON, ENGLAND, cr42je CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Channe ■ Addition NAME HAGGLUND, CARL NAME 6778 WOMENS CLUB RD. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP KEYSTONE HTS, FL 32656 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME KOLLER, EMIL D JR STREET ADDRESS 11916 NW SR 45 STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS, FL 32643 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition SHENBANJO, MICHAEL A NAME NAME STREET ADDRESS 621 NW 11TH AVE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32601 CITY-ST-ZIP ☐ Defete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME 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

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- Emil D. Koller Jr. SIGNATURE:

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