

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 759437**

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



Principal Place of Business

11916 NW SR 45  
HIGH SPRINGS, FL 32643 US

Mailing Address

11916 NW SR 45  
HIGH SPRINGS, FL 32643 US



01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2951671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KOLLER, EMIL D JR  
11916 NW SR 45  
HIGH SPRINGS, FL 32643

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
KOLLER, EMIL D JR  
11916 NW SR 45  
HIGH SPRINGS, FL 32643

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
SHENBANJO, MICHAEL A  
621 NW 11TH AVE  
GAINESVILLE, FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000813177  
02/12/08-80079-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.* - Emil D. Koller Jr. 2/1/08 386-454-3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #