

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 APR 24 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-37-85 8-4283  
**CORPORATION**  
**ANNUAL REPORT**  
**1995**

FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N01715 (4)**  
 1. Corporation Name  
**SERENOLA MANOR 3 HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**3700 NW 91ST ST A-100** **3700 NW 91ST ST A-100**  
**GAINESVILLE FL 32606** **GAINESVILLE FL 32606**

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/29/1984** 3a. Date of Last Report **04/15/1994**  
 4. FEI Number **59-2547141** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SONTAG, SANDRA**  
**3700 A-100 NW 91ST ST**  
**GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>SONTAG, SANDRA</b>
STREET ADDRESS	<b>13130 NW 91 ST.</b>
CITY - ST - ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>VD</b>
NAME	<b>HAUFLER, DALE</b>
STREET ADDRESS	<b>1901 NW 57 TERR.</b>
CITY - ST - ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>STD</b>
NAME	<b>SWOYER, JUDY</b>
STREET ADDRESS	<b>13316 NW 39 AVENUE</b>
CITY - ST - ZIP	<b>GAINESVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 secretary or treasurer empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if omitted, or upon attachment with my address.

SIGNATURE: *Sandra Sontag* **Sandra Sontag** **4/19/95** **904-376-3336**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)