

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


Serrano Homeowner

FILED
Jun 16, 2005 8:00 am
Secretary of State

05-11-2005 90123 030 ****61.25

DOCUMENT # N04000000402

1. Entity Name
SERRANO HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 1192 EAST NEWPORT CENTRE DR.
 SUITE 150
 DEERFIELD BEACH, FL 33442

Mailing Address
 1192 EAST NEWPORT CENTRE DR.
 SUITE 150
 DEERFIELD BEACH, FL 33442

66023173



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

03082005 Chg-NP CR2E037 (10/03)

4. FEI Number
54-1997165

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
RODRIGUEZ, JUAN E
80 S.W. 8TH ST.
SUITE 2550
MIAMI, FL 33130

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

Filing Fee is **\$61.25** Due by **May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HUMPHRIES, MICHAEL 1192 EAST NEWPORT CENTRE DR. DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROCA, RAFAEL 1192 EAST NEWPORT CENTRE DR. DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, ALICE A 1192 EAST NEWPORT CENTRE DR. DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALBERTSON, KARL 1192 EAST NEWPORT CENTRE DR. DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARPSTEEN, CANDACE 1192 E NEWPORT CENTRE DR, STE 150 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12062 APRILIA BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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 registered trustee empowered to execute this report as required by Chapter B17, 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: _____ DATE: _____ DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR