

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006872

FILED  
Apr 02, 2008  
Secretary of State

**Entity Name:** SERENITY AT DEEP CREEK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8433 ENTERPRISE CIRCLE SUITE 210  
BRADENTON, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

8433 ENTERPRISE CIRCLE SUITE 210  
BRADENTON, FL 34202

**New Mailing Address:**

C/O GARY A. KAHLE  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

FEI Number: 20-4488968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAHLE, GARY A  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MILLS, WALTER G  
Address: 8433 ENTERPRISE CIRCLE SUITE 210  
City-St-Zip: BRADENTON, FL 34202

Title: DS ( ) Delete  
Name: BAKER, STEVEN  
Address: 8433 ENTERPRISE CIRCLE SUITE 210  
City-St-Zip: BRADENTON, FL 34202

Title: DT ( ) Delete  
Name: WYNN, CHERYL G  
Address: P.O. BOX 544477  
City-St-Zip: PUNTA GORDA, FL 339511144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER G. MILLS

DP

04/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date