

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Jul 13, 2006 8:00 am
Secretary of State

03-15-2006 90113 050 ****61.25

DOCUMENT # N05000010956 1. Entity Name SERENOA HOME OWNERS ASSOCIATION, INC.			
Principal Place of Business 126 43RD AVE SW VERO BEACH, FL 32968		Mailing Address 126 43RD AVE SW VERO BEACH, FL 32968	
2. Principal Place of Business 1910 82nd Ave Suite, Apt. #, etc. Ste 202 City & State Vero Beach FL Zip 329166 Country Indian River		3. Mailing Address 1910 82nd Ave Suite, Apt. #, etc. Ste 202 City & State Vero Beach, FL Zip 329166 Country Indian River	
4. FEI Number 20-41666943		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent HANCOCK, DAVID L ESQ 1701 HIGHWAY A1A SUITE 220 VERO BEACH, FL 32963	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$61.25 Due by May 1, 2006		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ADAMS, PAUL 126 43RD AVE SW VERO BEACH, FL 32968	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1910 82nd Ave, Ste 202 Vero Beach, FL 329166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ADAMS, JAMES 126 43RD AVE SW VERO BEACH, FL 32968	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1910 82nd Ave, Ste 202 Vero Beach, FL 329166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete HATCH, IRA C JR., ESQ 1701 HIGHWAY A1A, STE 220 VERO BEACH, FL 32963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 6/7/06 Daytime Phone #	

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