

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010771

FILED
Apr 06, 2009
Secretary of State

Entity Name: SERENITY BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

New Principal Place of Business:

C/O 3942 A1A SOUTH
ST. AUGUSTINE, FL 32080

Current Mailing Address:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

New Mailing Address:

C/O 3942 A1A SOUTH
ST. AUGUSTINE, FL 32080

FEI Number: 20-5738787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT, LLC
11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

COASTAL REALTY & PROPERTY MANAGEMENT, INC.
3942 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

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: JUDY S. ALLIGOOD

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FREEMAN, SHARON
Address: 100 SERENITY BAY BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP () Delete
Name: STANBERRY, SARAH
Address: 108 SERENITY BAY BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S/T () Delete
Name: KILLIN, SAM
Address: 112 CASTERS CT.
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STANBERRY, SARAH
Address: 108 SERENITY BAY BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: TREA (X) Change () Addition
Name: ADAMS, JOHN
Address: 4850 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SEC (X) Change () Addition
Name: FRANTZEN, TANYA
Address: 101 BAY BRIDGE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

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: JUDY S. ALLIGOOD

RA

04/06/2009

Electronic Signature of Signing Officer or Director

Date