


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90158 014 ****61.25

| | | |
|---|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # N37248 1. Corporation Name SERENITY PLACE II CONDOMINIUM ASSOCIATION, INC. | | |
| Principal Place of Business C/O JEANETTE MATHEWS 1440 NW 45TH ST A-3 POMPANO BCH FL 33064 US | Mailing Address C/O JEANETTE MATHEWS 1440 NW 45TH ST A-3 POMPANO BCH FL 33064 US | |



| | | |
|--|---------------------------|--|
| 2. Principal Place of Business 21 1440 NW 45 St. | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 03/23/1990 |
| Suite, Apt. #, etc. 22 A-3 | Suite, Apt. #, etc. 27 | 4. FEI Number 65-0180802 |
| City & State 23 Pompano Beach, FL. | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 33064 | Country 25 U.S. | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Country 29 | Country 30 | |

| | | | | |
|--|--|---|-----------|-------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |
| HIRSCH, ELLEN G. ESQ 3111 STIRLING RD FT LAUDERDALE FL 33312 | | 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------------|--|---|--|
| TITLE SD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE <i>PRESIDENT / Director</i> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME STRAND, JUDY | | 1.2 NAME JOAN BADA | |
| STREET ADDRESS 2325 NE 30TH CT | | 1.3 STREET ADDRESS 1440 NW 45 ST. # A-1 | |
| CITY-ST-ZIP LIGHTHOUSE POINT FL | | 1.4 CITY-ST-ZIP POMPANO Bch, FL. 33064 | |
| TITLE VDD | <input type="checkbox"/> DELETE | 2.1 TITLE <i>TREASURER / Director</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MATHEWS, JEANETTE | | 2.2 NAME JEANETTE MATHEWS | |
| STREET ADDRESS 1440 NW 45TH ST A-3 | | 2.3 STREET ADDRESS 1440 NW 45 ST. # A-3 | |
| CITY-ST-ZIP POMPANO BEACH FL 33064 | | 2.4 CITY-ST-ZIP POMPANO Bch, FL. 33064 | |
| TITLE PD | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE <i>V. PRES. / Director</i> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME CUPRY, DIANA S | | 3.2 NAME WALTER LANE | |
| STREET ADDRESS 1440 NW 45TH ST B-5 | | 3.3 STREET ADDRESS 1008 LEXINGTON ST. | |
| CITY-ST-ZIP POMPANO BCH FL 33064 | | 3.4 CITY-ST-ZIP KAKELAND, FL. 33801 | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE <i>SECRETARY</i> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME JOAN BADA | |
| STREET ADDRESS | | 4.3 STREET ADDRESS 1440 NW 45 ST. # A-1 | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP POMPANO BEACH, FL. 33064 | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joan Bada* **SIGNATURE REQUIRED** 4-14-99 954-977-7737
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 5/11/99 954-941-6217

CR2E037 (1/198)