

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90026 028 ****61.25

DOCUMENT # N37248

1. Entity Name
SERENITY PLACE II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1440 N.W. 45 STRETE **1440 N.W. 45 STRETE**
A-1 **A-1**
POMPANO BCH FL 33064 **POMPANO BCH FL 33064**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0180802** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

HIRSCH, ELLEN G. ESQ
3111 STIRLING RD
FT LAUDERDALE FL 33312

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.

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



DO NOT WRITE IN THIS SPACE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	BADE, JOAN	
STREET ADDRESS	1440 N.W. 45 STREET. #A-1	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MATHEWS, JEANETTE	
STREET ADDRESS	1440 NW 45TH ST A-3	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LANE, WALTER	
STREET ADDRESS	1008 LEXINGTON STREET	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BAAR, JOAN	
STREET ADDRESS	1440 N.W. 45 STREET #A1	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	F/S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BADR, JOAN		
STREET ADDRESS	1440 NW 45 STREET #A-1		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		
TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GARDNER, BARBARA		
STREET ADDRESS	1440 NW 45 STREET #A-1		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		
TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANE, WALTER		
STREET ADDRESS	1008 Lexington Street		
CITY-ST-ZIP	LAKELAND, FL 33801		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 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 REQUIRED** *Joan Bade* 2/1/00 954-941-6217
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)