


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N37248
 1. Entity Name
 SERENITY PLACE II CONDOMINIUM ASSOCIATION, INC.



<i>Principal Place of Business</i>	<i>Mailing Address</i>
1440 N.W. 45 STRETE A-1 POMPANO BCH, FL 33064 US	1440 N.W. 45 STRETE A-1 POMPANO BCH, FL 33064 US

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01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0180802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HIRSCH, ELLEN G. ESQ
 3111 STIRLING RD
 FT LAUDERDALE, FL 33312

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BADR, JOAN 1440 N.W. 45 STREET. #A-1 POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARDNER, BARBARA 1440 NW 45TH ST. A-4 POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLEINEK, MICHAEL 1400 NW 45TH ST B-8 POMPANO BEACH, FL 33064
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 01/20/05-80004-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joan Badr 1/13/05 954-941-6217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #