



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000001819 1. Entity Name SERENOA LAKES COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 7000 IBIS STREET SARASOTA, FL 34241	Mailing Address 505 SIMMINS AVE SARASOTA, FL 34232-1715
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DO NOT WRITE IN THIS SPACE

	
01282004 No Chg-NP	CR2E037 (10/03)
4. FEI Number 65-0835769	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 WOELFEL, JOHN 7423 PAUROTIS COURT SARASOTA, FL 34241	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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 MC CARTHY, JOSEPH 7450 SHAUNA COURT SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TRINCHETTO, THOMAS 6780 ARECA BLVD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAT JARED, DEANNA 505 SIMMONS AVENUE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOELFEL, JOHN 7423 PAUROTIS COURT SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/03/04-80059-024 61.25

DO NOT WRITE IN THIS SPACE

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:  1/29/04 941-378-9599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #