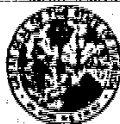


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3: 16

DOCUMENT # 723207 (7)

1. Corporation Name

SERENA VISTA CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

207 TROPIC ISLE DR
DELRAY BEACH FL 33483

207 TROPIC ISLE DR
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/19/1972	3a. Date of Last Report 02/23/1994
4. FEI Number 59-1570556	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SINAGRO, MARIE E
C/O SERENA VISTA CONDO ASSN
207 TROPIC ISLE DR
DELRAY BEACH FL 33483

81 Name Ray Trewin	85 Zip Code 33483
82 Street Address (P.O. Box Number is Not Acceptable) 207 Tropic Isle Dr	
83 City DeLray Bch	
84 State FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Ray Trewin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEDELSKY, MARY 207 TROPIC ISLE DR DELRAY BEACH, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T D Charles Golden 207 Tropic Isle Drive DeLray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director HASLINGER, ROSE 207 TROPIC ISLE DR DELRAY BEACH, FL 0	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Director Rose Haslinger 207 Tropic Isle Drive DeLray Bch FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABBATE, JOSEPH 207 TROPIC ISLE DRIVE DELRAY BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary Director Sarah Reimer 207 Tropic Isle Drive DeLray Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINAGRO, MARIE E 207 TROPIC ISLE DR DELRAY BCH, FL 00000	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PD Ray Trewin 207 Tropic Isle Drive DeLray Bch, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUARDUCCI, JOHN 207 TROPIC ISLE DR DELRAY BEACH FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VPD Guarducci, John 207 Tropic Isle Dr. DeLray Beach FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	A/T. Barbara Golden 207 Tropic Isle Dr.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Ray Trewin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #