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CORPORATION ANNUAL REPORT 1995

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

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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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Ray Trewin
82 Street Address (P.O. Box Number is Not Acceptable): 207 Tropic Isle DR
83: 1
84 City: Delray Bch FL 85 Zip Code: 33483

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: [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	TD	1.1 TITLE	T D	☒ Change ☐ Addition
NAME	~~NEDELSKY, MARY~~	1.2 NAME	Charles Golden	
STREET ADDRESS	~~207 TROPIC ISLE DR~~	1.3 STREET ADDRESS	207 Tropic Isle Drive	
CITY-ST-ZIP	~~DELRAY BEACH, FL 00000~~	1.4 CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	~~VP~~ Director	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	HASLINGER, ROSE	2.2 NAME	Rose Haslinger	
STREET ADDRESS	207 TROPIC ISLE DR	2.3 STREET ADDRESS	~~207 Tropic Isle Drive~~	
CITY-ST-ZIP	DELRAY BEACH, FL 0	2.4 CITY-ST-ZIP	~~Delray Bch FL~~	
TITLE	~~S~~	3.1 TITLE	Secretary Director	☒ Change ☐ Addition
NAME	~~ABBATE, JOSEPH~~	3.2 NAME	Sarah Reimer	
STREET ADDRESS	~~207 TROPIC ISLE DRIVE~~	3.3 STREET ADDRESS	207 Tropic Isle Drive	
CITY-ST-ZIP	~~DELRAY BEACH FL~~	3.4 CITY-ST-ZIP	Delray Beach, FL	
TITLE	PD	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~GINAGRO, MARIE E~~	4.2 NAME	Ray Trewin	
STREET ADDRESS	~~207 TROPIC ISLE DR~~	4.3 STREET ADDRESS	207 Tropic Isle Drive	
CITY-ST-ZIP	~~DELRAY BCH, FL 00000~~	4.4 CITY-ST-ZIP	Delray Bch, FL 33483	
TITLE	VPD	5.1 TITLE	VPD	☐ Change ☐ Addition
NAME	GUARDUCCI, JOHN	5.2 NAME	Guarducci, John	
STREET ADDRESS	207 TROPIC ISLE DR	5.3 STREET ADDRESS	207 Tropic Isle Dr.	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	Delray Beach FL	
TITLE		6.1 TITLE	A/T	☐ Change ☐ Addition
NAME		6.2 NAME	Barbara Golden	
STREET ADDRESS		6.3 STREET ADDRESS	207 Tropic Isle Dr.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061580