

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723207 (7)
1. Corporation Name
SERENA VISTA CONDOMINIUM ASSOCIATION, INC



Principal Place of Business
207 TROPIC ISLE DR
DELRAY BEACH FL 33483

Mailing Address
207 TROPIC ISLE DR
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified
04/19/1972

3a. Date of Last Report
03/22/1995

2. Principal Place of Business
21 SAME as Above

2a. Mailing Address
26 SAME as Above

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

City & State
27

City & State
28

Zip
29

Country
30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

TREWIN, RAY
C/O SERENA VISTA CONDO ASSN
207 TROPIC ISLE DR
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name
Same

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City
FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOLDEN, CHARLES	
STREET ADDRESS	207 TROPIC ISLE DR	
CITY - ST - ZIP	DELRAY BEACH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REIMER, SARAH	
STREET ADDRESS	207 TROPIC ISLE DR	
CITY - ST - ZIP	DELRAY BEACH, FL 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TREWIN, RAY	
STREET ADDRESS	207 TROPIC ISLE DRIVE	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	GOLDEN, BARBARA	
STREET ADDRESS	207 TROPIC ISLE DR	
CITY - ST - ZIP	DELRAY BCH, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GUARDUCCI, JOHN	
STREET ADDRESS	207 TROPIC ISLE DR	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARLES GOLDEN	
1.3 STREET ADDRESS	207 TROPIC ISLE DR	
1.4 CITY - ST - ZIP	DELRAY BEACH, FL 33483	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SARAH REIMER	
2.3 STREET ADDRESS	207 TROPIC ISLE DR	
2.4 CITY - ST - ZIP	DELRAY BEACH, FL 33483	
3.1 TITLE	RAY TREWIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RAY TREWIN	
3.3 STREET ADDRESS	207 TROPIC ISLE DR	
3.4 CITY - ST - ZIP	DELRAY BEACH, FL 33483	
4.1 TITLE	ASSISTANT TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BARBARA GOLDEN	
4.3 STREET ADDRESS	207 TROPIC ISLE DR	
4.4 CITY - ST - ZIP	DELRAY BEACH, FL 33483	
5.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN GUARDUCCI	
5.3 STREET ADDRESS	207 TROPIC ISLE DR	
5.4 CITY - ST - ZIP	DELRAY BEACH, FL 33483	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)