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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
207 TROPIC ISLE DR DELRAY BEACH FL 33483	207 TROPIC ISLE DR DELRAY BEACH FL 33483-4762

3. Date Incorporated or Qualified: 04/19/1972
3a. Date of Last Report: 01/26/1996

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

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: Mr. Ernest W. Willis
82 Street Address (P.O. Box Number is Not Acceptable)
83 c/o Beacon Property Management
84 500 E. Spanish River Blvd., Ste. 18
City: Boca Raton FL 85 Zip Code: 33431

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] ERNEST W. WILLIS MARCH 20, 1997
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	11 TITLE	Frances Donahue PD	☐ Change ☒ Addition
NAME	GOLDEN, CHARLES		12 NAME		
STREET ADDRESS	207 TROPIC ISLE DR		13 STREET ADDRESS	207 Tropic Isle Dr., #101	
CITY-ST-ZIP	DELRAY BEACH, FL 00000		14 CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	S	☒ DELETE	21 TITLE	Mary Healey VD	☐ Change ☒ Addition
NAME	REIMER, SARAH		22 NAME		
STREET ADDRESS	207 TROPIC ISLE DR		23 STREET ADDRESS	207 Tropic Isle Dr., #209	
CITY-ST-ZIP	DELRAY BEACH, FL 0		24 CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	PD	☒ DELETE	31 TITLE	Donal Hegedus SD	☐ Change ☒ Addition
NAME	TREWIN, RAY		32 NAME		
STREET ADDRESS	207 TROPIC ISLE DRIVE		33 STREET ADDRESS	207 Tropic Isle Dr. #208	
CITY-ST-ZIP	DELRAY BEACH FL		34 CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	AT	☒ DELETE	41 TITLE	Marlene Young TD	☐ Change ☒ Addition
NAME	GOLDEN, BARBARA		42 NAME		
STREET ADDRESS	207 TROPIC ISLE DR		43 STREET ADDRESS	207 Tropic Isle Dr. #213	
CITY-ST-ZIP	DELRAY BCH, FL 00000		44 CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	V	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	GUARDUCCI, JOHN		52 NAME		
STREET ADDRESS	207 TROPIC ISLE DR		53 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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] 4/4/97 561-358-0941