

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723207 (7)**  
1. Corporation Name  
**SERENA VISTA CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>207 TROPIC ISLE DR DELRAY BEACH FL 33483</b>	Mailing Address <b>207 TROPIC ISLE DR DELRAY BEACH FL 33483</b>
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3. Date Incorporated or Qualified <b>04/19/1972</b>
4. FEI Number <b>59-1570556</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>Ernest Willis % Beacon Property Mgmt #18 500 NE Spanish River Blvd Boca Raton, FL 33431</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>29</b>
	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIS, ERNEST W  
% BEACON PROP MGT  
500 E SPANISH RIVER BLVD, 18  
BOCA RATON FL 33431**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>500 NE Spanish River Blvd, #18</b>
83	
84 City	<b>FL</b>
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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DONAHUE, FRANCES</b>	
STREET ADDRESS	<b>207 TROPIC ISLE DR, 101</b>	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HEALEY, MARY</b>	
STREET ADDRESS	<b>207 TROPIC ISLE DR, 209</b>	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 0</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HEGEDUS, DONAL</b>	
STREET ADDRESS	<b>207 TROPIC ISLE DR, 208</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>YOUNG, MARLENE</b>	
STREET ADDRESS	<b>207 TROPIC ISLE DR, 213</b>	
CITY-ST-ZIP	<b>DELRAY BCH, FL 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Henry Franczak</b>	
1.3 STREET ADDRESS	<b>207 Tropic Isle Dr. #108</b>	
1.4 CITY-ST-ZIP	<b>DeLray Beach, FL</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 incorporator 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 in an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*

4/29/98 561-750-0000

CR2E037 (10/97)