

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723207

1. Entity Name

SERENA VISTA CONDOMINIUM ASSOCIATION, INC

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91071 005 ****61.25

Principal Place of Business

207 TROPIC ISLE DR
 DELRAY BEACH FL 33483

Mailing Address

C/O BEACON PROPERTY MGMT
 500 NE SPANISH RIVER BLVD 18
 BOCA RATON FL 33431
 US

A0069297



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1570556

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIS, ERNEST W
 500 NE SPANISH RIVER BLVD 18
 500 E SPANISH RIVER BLVD, 18
 BOCA RATON FL 33431

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME GERKEN, STEPHEN
 STREET ADDRESS 207 TROPIC ISLE DRIVE, #206
 CITY-ST-ZIP DELRAY BEACH FL 33483 ☒ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD
 NAME HEGEDUS, DONAL
 STREET ADDRESS 207 TROPIC ISLE DR, 208
 CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME REIMER, SARA
 STREET ADDRESS 207 TROPIC ISLE DRIVE, #205
 CITY-ST-ZIP DELRAY BEACH FL 33483 ☒ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME RICHARDSON, ROBERT
 STREET ADDRESS 207 TROPIC ISLE DRIVE, #105
 CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TORTORA JERRY
 NAME 207 TROPIC ISLE DR. #114
 STREET ADDRESS DELRAY BEACH FL 33483 ☐ Delete

TITLE PD
 NAME ☐ Change ☒ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature REQUIRED 4-26-01

CR2E037 (10/00)