


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90376 018 \*\*\*\*61.25

<b>DOCUMENT # 723207</b> 1. Entity Name SERENA VISTA CONDOMINIUM ASSOCIATION, INC					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIS, ERNEST W 500 NE SPANISH RIVER BLVD SUITE #18 BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD KATHLEEN, COLEMAN <input checked="" type="checkbox"/> Delete		TITLE	3/17 D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Beatzon, Mayco	
STREET ADDRESS	207 TROPIC ISLE DRIVE, #202		STREET ADDRESS	2052 13th St, #87	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	VTD <input checked="" type="checkbox"/> Delete		TITLE	VPP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RICHARDSON, ROBERT		NAME	McClenahan, Joseph	
STREET ADDRESS	207 TROPIC ISLE DRIVE, # 105		STREET ADDRESS	207 Tropical Isle Dr. #211	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	DeLray Beach, FL 33438	
TITLE	SD <input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUERK, MARTIN III		NAME	Buerk, Martin, III	
STREET ADDRESS	207 TROPIC ISLE DRIVE, # 212		STREET ADDRESS	207 Tropical Isle Dr #212	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	DeLray Beach, FL 33483	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/19/06 (561) 441-9108 <small>Date Daytime Phone #</small>		