FILED
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Secretary of State

03-25-2008 90010 050 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000005286

1. Entity Name
SERENITY AT SILVER CREEK HOMEOWNERS' ASSOCIATION, INC.

66006416

02262008 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
600 SOUTH NORTHLAKE BLVD., SUITE 200 ALTAMONTE SPRINGS, FL 32701	600 SOUTH NORTHLAKE BLVD., SUITE 200 ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5151 Adanson Street, Suite 103 Orlando, Florida 32804	5151 Adanson Street, Suite 103 Orlando, Florida 32804
	City & State
Zip / Country	Zip / Country

4. FEI Number 26-2195789 ☐ Applied For ☐ Not Applicable

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
ORDONEZ, LUSANT 600 SOUTH NORTHLAKE BLVD., SUITE 200 ALTAMONTE SPRINGS, FL 32701	Name: PREMIER COMMUNITY MANAGERS, INC. 5151 Adanson Street Suite 103 City: Orlando, Florida 32804 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 2-27-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORDONEZ, LUSANT 600 SOUTH NORTHLAKE BLVD., SUITE 200 ALTAMONTE SPRINGS, FL 32701 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORDONEZ, MARIHER 600 SOUTH NORTHLAKE BLVD., SUITE 200 ALTAMONTE SPRINGS, FL 32701 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: [signature] 3-8-08 4072695700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #