## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 19, 2008 8:00 am Secretary of State

05-19-2008 90034 042 \*\*\*\*61.25

## **DOCUMENT #723207**

1. Entity Name
SERENA VISTA CONDOMINIUM ASSOCIATION, INC



	VISTA CONDOMINIONI AGG	oon non, mo							
Principal Place of Business 500 NE SPANISH RIVER BLVD. STE 18 BOCA RATON, FL 33431		Mailing Address C/O BEACON PROPERTY MGMT 500 NE SPANISH RIVER BLVD 18 BOCA RATON, FL 33431 US							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01142008 CI	hg-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Number 59-157055	56		<del></del>	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		<b>\$8.75</b> Ac Fee Requir	
	6. Name and Address of Current R	egistered Agent			7. Name and Add	Iress of New F	Registered A	Agent	
WILLIS, ERNEST W			Name						
500 NE SPANISH RIVER BLVD SUITE #18			Street Addre		P.O. Box Number is	Not Acceptable	e)		
BOCA RA	TON, FL 33431								
	n é		City				FL	Zip Co	de
	named entity submits this statement for	the purpose of changing its re	gistered office or	register	ed agent, or both, in	the State of FI	orida. I am	familiar with	n, and accept
the obligat	ions of registered agent.								
SIGNATURE.	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE: R	egislered Agent signati	ure required	when reinstating)		DATE		<del></del>
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution.							
	•	· · ·	•		\$5.00 May Be Added to Fees	1	fake checi rida Depar		
10.	Due by May 1, 2008  OFFICERS AND DIRE	Trust Fund Con	•			Flo	rida Depar	tment of	State IN 10
TITLE	Due by May 1, 2008  OFFICERS AND DIRE	Trust Fund Con	11.	VD	Added to Fees	Flor	RS AND DI	tment of	State IN 10
TITLE NAME	OFFICERS AND DIRE PD POOCHIGIAN, THERESA	Trust Fund Con	11. TITLE NAME	V D BR	Added to Fees  ADDITIONS/CHANG	ES TO OFFICE	RS AND DI	RECTORS	State IN 10
TITLE NAME STREET ADDRESS	OFFICERS AND DIRE PD POOCHIGIAN, THERESA 267 TROPICAL ISLE DR. #103	Trust Fund Con	11.	VD BR 20	Added to Fees  ADDITIONS/CHANG  ATZOON  Tropica	MAYCO I Isle	RS AND DI	RECTORS   Change	State IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD POOCHIGIAN, THERESA 267 TROPICAL ISLE DR. #103 DELRAY BEACH, FL 33483	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BR 20° De	Added to Foes  ADDITIONS/CHANG  AT 200 N  Tropica  CLRAY BE	Floor ES TO OFFICE MAYCO ITSIE ACH F	RS AND DI	TECTORS Change	State IN 10 State Addition
TITLE NAME STREET ADDRESS	OFFICERS AND DIRE PD POOCHIGIAN, THERESA 267 TROPICAL ISLE DR. #103	Trust Fund Con	11. TITLE NAME STREET ADDRESS	VD BR 20 De SD PA	Added to Fees  ADDITIONS/CHANG  ATZOON  Tropica  LRAY BE	Floor ESTO OFFICE MAYCO I TSIE ACH F	Drive	treent of S RECTORS   Change	State IN 10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE PD POOCHIGIAN, THERESA 267 TROPICAL ISLE DR. #103 DELRAY BEACH, FL 33483 VPD BEAMER, SARAH	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME	VD BR 20° De SD PA	Added to Fees  ADDITIONS/CHANG  ATZOON  Tropica  LRAY BE	FION PRICE MAYOR TELE ACH F	Drive	Thent of Sections of Change	State IN 10 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 AND TYPED OR PRINTED TORME OF SIGNING DEFICER OR PIRECTOR

Date Daytime Phone #