2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N05000003235

Entity Name: SERENGETI COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

17050 SERENGETI CIRCLE
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

C/O JOHN M. WICKER
P.O. DRAWER 60205
FORT MYERS, FL 33906

New Mailing Address:

12155 METRO PARKWAY
SUITE #5
FORT MYERS, FL 33966

FEI Number: 16-1721325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

THIVIERGE, VALERIE L
12155 METRO PARKWAY
SUITE #5
FORT MYERS, FL 33966 US

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: VALERIE L THIVIERGE 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THIVIERGE, VALERIE
Address: 12155 METRO PARKWAY, SUITE 5
City-St-Zip: FORT MYERS, FL 33966

Title: VD ( ) Delete
Name: THIVIERGE, ALBERT
Address: 12155 METRO PARKWAY, SUITE 5
City-St-Zip: FORT MYERS, FL 33966

Title: STD ( ) Delete
Name: THIVIERGE, MATTHEW
Address: 12155 METRO PARKWAY, SUITE 5
City-St-Zip: FORT MYERS, FL 33966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIE THIVIERGE PD 04/30/2009
Electronic Signature of Signing Officer or Director Date