

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003235

**Entity Name:** SERENGETI COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

13361 SADDLE ROAD  
SUITE 110  
FORT MYERS, FL 33913

**Current Mailing Address:**

13361 SADDLE ROAD  
SUITE 110  
FORT MYERS, FL 33913

**FEI Number:** 16-1721325

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THIVIERGE, VALERIE L  
13361 SADDLE ROAD  
SUITE 110  
FORT MYERS, FL 33913 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name THIVIERGE, VALERIE  
Address 13361 SADDLE ROAD,SUITE 110  
City-State-Zip: FORT MYERS FL 33913

Title SECRETARY/TREASURER  
Name THIVIERGE, ALBERT  
Address 13361 SADDLE ROAD  
SUITE 110  
City-State-Zip: FORT MYERS FL 33913

Title VP  
Name THIVIERGE, MATTHEW  
Address 13361 SADDLE ROAD  
SUITE 110  
City-State-Zip: FORT MYERS FL 33913

I hereby 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 all other like empowered.

**SIGNATURE:** VALERIE THIVIERGE

**PRESIDENT**

**04/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date