# SIGNATURE: WILLIAM ASHBY

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N13000011199

# Entity Name: SERENITY CREEK HOMEOWNERS ASSOCIATION, INC.

#### **Current Principal Place of Business:**

2201 CANTU CT SUITE 106 SARASOTA, FL 34232

#### **Current Mailing Address:**

C/O GULF COAST COMMUNITY MANAGEMENT 2201 CANTU CT SUITE 106 SARASOTA, FL 34232 US

## FEI Number: 46-5544382

## Name and Address of Current Registered Agent:

GULF COAST COMMUNITY MANAGEMENT, LLC 2201 CANTU CT SUITE 106 SARASOTA, FL 34232 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	E WILLIAM ASHBY			04/06/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	TREASURER	Title	PRESIDENT	
Name	STEPHENSON, ANDREA	Name	WHITE, DAVID	
Address	C/O GULF COAST COMMUNITY MANAGEMENT 2201 CANTU CT SUITE 106	Address	C/O GULF COAST COMMUNIT MANAGEMENT 2201 CANTU CT SUITE 106	Y
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	SARASOTA FL 34232	
Title	VP	Title	SECRETARY	
Name	CONWAY, TOM	Name	PARKER, TARA	
Address	C/O GULF COAST COMMUNITY MANAGEMENT 2201 CANTU CT SUITE 106	Address	C/O GULF COAST COMMUNIT MANAGEMENT 2201 CANTU CT SUITE 106	Y
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	SARASOTA FL 34232	
Title	DIRECTOR	Title	ASST. SECRETARY	
Name	ROMAGNOLA, JIM	Name	ASHBY, WILLIAM	
Address	C/O GULF COAST COMMUNITY MANAGEMENT 2201 CANTU CT SUITE 106	Address	C/O GULF COAST COMMUNIT MANAGEMENT 2201 CANTU CT SUITE 106	Y
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	SARASOTA FL 34232	

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

Certificate of Status Desired: No

REGISTERED AGENT 04/06/2022

1/00/202

# FILED Apr 06, 2022 Secretary of State 8255304912CC

Date