

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                                                                  |                                                                                                                 |                                                                                                                                             |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 723207</b><br>1. Entity Name<br><b>SERENA VISTA CONDOMINIUM ASSOCIATION, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                  |                                                                                                                 |                                                                                                                                             |                                                                              |
| Principal Place of Business<br><b>500 NE SPANISH RIVER BLVD.<br/>STE 18<br/>BOCA RATON, FL 33431</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                                                                                  | Mailing Address<br><b>C/O BEACON PROPERTY MGMT<br/>500 NE SPANISH RIVER BLVD 18<br/>BOCA RATON, FL 33431 US</b> |                                                                                                                                             |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |                                                                                  | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                       |                                                                                                                                             |                                                                              |
| City & State<br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                  | City & State<br>Zip      Country                                                                                |                                                                                                                                             |                                                                              |
| 4. FEI Number<br><b>59-1570556</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                          |                                                                                                                                             |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                                  | <b>\$8.75 Additional Fee Required</b>                                                                           |                                                                                                                                             |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br><b>WILLIS, ERNEST W<br/>500 NE SPANISH RIVER BLVD<br/>SUITE #18<br/>BOCA RATON, FL 33431</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                                                                  |                                                                                                                 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                                                                                  |                                                                                                                 |                                                                                                                                             |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                 | <b>\$5.00 May Be Added to Fees</b>                                                                                                          |                                                                              |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                                                  |                                                                                                                 |                                                                                                                                             |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                    |                                                                                                                                             |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PD<br>POOCHIGIAN, THERESA<br>267 TROPICAL ISLE DR. #103<br>DELRAY BEACH, FL 33483 | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | V D<br>BRATZON MAYCO<br>207 Tropical Isle Drive #108<br>DELRAY BEACH FL 33483                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VPD<br>BEAMER, SARAH<br>207 TROPICAL ISLE DRIVE #205<br>DELRAY BEACH, FL 33483    | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | S D<br>PASH LINDA<br>207 TROPICAL ISLE DRIVE #202<br>DELRAY BEACH FL 33483                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TD<br>BURK, MARTIN<br>207 TROPICAL ISLE DRIVE #212<br>DELRAY BEACH, FL 33483      | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | T D<br>DSUKIC BRANKO<br>207 TROPICAL ISLE DRIVE #203<br>DELRAY BEACH FL 33483                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                   | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | D<br>MCCLLENAGHAN JOE<br>207 TROPICAL ISLE DR #211<br>DELRAY BEACH FL 33483                                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                   | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | D<br>REIMER, SARA<br>207 TROPICAL ISLE DR #205<br>DELRAY BEACH FL 33483                                                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                   | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |                                                                                   |                                                                                  |                                                                                                                 |                                                                                                                                             |                                                                              |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                  | Date _____ Daytime Phone # _____                                                                                |                                                                                                                                             |                                                                              |