

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90008 027 \*\*\*\*61.25

<b>DOCUMENT # 724388</b> 1. Entity Name <b>SERENO DEL SOL CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2900 NORTH GULF BOULEVARD BELLEAIR BEACH, FL 33786-3521 US</b>			Mailing Address <b>2900 NORTH GULF BOULEVARD BELLEAIR BEACH, FL 33786-3521 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>8141 54th Ave N</b>  Suite, Apt. #, etc.			
City & State <b>St Petersburg FL</b>		4. FEI Number <b>59-1560105</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33709</b>	Country <b>Pinellas</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DEL SOL, SERENO 2900 N GULF BLVD BELLEAIR BCH, FL 33786</b>			7. Name and Address of New Registered Agent Name <b>Sean Foley Florida Community</b> Street Address (P.O. Box Number is Not Acceptable) <b>8141 54th AVE N Property Mgmt</b>  City <b>St Petersburg FL</b> Zip Code <b>33709</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when reinstating) DATE <b>1/24/06</b>			
<b>Filing Fee Is \$61.25 Due by May 1, 2006</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 NAME STREET ADDRESS CITY-ST-ZIP	PD NORBERT, SCHULENBERG 2900 GULF BLVD, UNIT 303 BELLEAIR BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SRVP</del> Dir BISHOP, BRUCE 2900 GULF BLVD, UNIT 211 BELLEAIR BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SRVP</del> PRES HAYNES, CHARLENE 2900 GULF BLVD, UNIT 308 BELLEAIR BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> VP SURETTE, ROBERT J 2900 GULF BLVD 104 BELLEAIR BCH, FL 33786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S AYO, JOSEPH 2900 GULF BLVD, UNIT 213 BELLEAIR BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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> <b>Charlene Haynes, President</b> <b>727-258-0092</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					