2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 19, 2008 08:00 AM Secretary of State **DOCUMENT # 758660** 1. Entity Name CASA SERENA CONDOMINIUM ASSOCIATION OF BREVARD, INC. Principal Place of Business Mailing Address 8535 CANAVERAL COURT 200 W CENTRAL BLVD CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2454487 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NASAJPOUR, AHMAD Street Address (P.O. Box Number is Not Acceptable) 3502 PALOMINO ROAD MELBOURNE FL 32934 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title Jiappicable. (NOTE: Registered Agget signature registed when reinstating) CATE eskaladeskalagistosa hyb FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Defete ☐ Change Unnanneseans ROCKEY, KAREN S NAME NAME 02/27/08-80057-019 61.25 8529 CANAVERAL BLVD STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL 32920 CITY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE ☐ Change ☐ Addition NASAJPOUR, AHMAN NAME NAME 3502 PALOMINO ROAD STREET ADDRESS STREET ADDRESS MELBOURNE FL 32934 CITY-ST-ZIP CITY-ST-ZIP îttie Defete ت TITLE Change ☐ Addition FOROUGHI, SHAHIA NAME NAME STREET ADDRESS 3502 PALOMINO ROAD STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32934 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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 alternation with an address with all effect like empowered.

CITY-ST-Z:P 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

CITY-ST-ZIP

Ahmad Nasajpour

Pres. 2-11-2008

784-1450

FILED