


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90088 020 \*\*\*\*61.25

<b>DOCUMENT # 759437</b>	
1. Entity Name LOT 1, SERENOLA MANOR, UNIT NO. 2 CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 403 BRIGHTWATERS DR. COCOA BEACH FL 32931 US	Mailing Address 403 BRIGHTWATERS DR. COCOA BEACH FL 32931 US
---	---

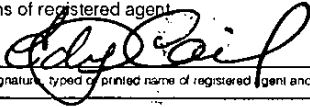
2. Principal Place of Business 5200 NW 43 Street Suite, Apt. #, etc. Suite 102-381 City & State Gainesville, FL Zip 32606 Country USA	3. Mailing Address 5200 NW 43 Street Suite, Apt. #, etc. Suite 102-381 City & State Gainesville, FL Zip 32606 Country USA
--	--



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2951671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALVETTO, RICHARD S 403 BRIGHTWATERS DR. COCOA BEACH FL 32931-3837	
7. Name and Address of New Registered Agent Name Edy Cail Street Address (P.O. Box Number is Not Acceptable) 5200 NW 43 Street Suite 102-381 City Gainesville FL Zip Code 32606	

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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OYERINDE, OYEKUNLE A 64 LANSDELL RD. LONDON, ENGLAND cr-42je <input 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	SD HAGGLUND, CARL 6778 WOMENS CLUB RD. KEYSTONE HTS FL 32656 <input 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	PD CALVETTO, RICHARD S 403 BRIGHTWATERS DR. COCOA BEACH FL 32931-3837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cail, Edy 5200 NW 43 Street, Suite 102-381 Gainesville, FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OYERINDE, KEHINDE O 2 OWRCESER CLOSE LONDON, ENGLAND cr-41sp <input 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	<input 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	<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 exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05

352-335-0455  
Daytime Phone #