

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90308 007 ****70.00

DOCUMENT # 767828 1. Entity Name SERENDIPITY MOBILE HOMEOWNERS INC.					
Principal Place of Business 8793 LITTLETON RD. NORTH FORT MYERS, FL 33903 US			Mailing Address 8793 LITTLETON RD. NORTH FORT MYERS, FL 33903 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2354734	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TIDWELL, ALBERT L 10480 STRINGFELLOW RD SUITE 2 SAINT JAMES CITY, FL 33956				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	D HOBART, CARL 336 ENCORE DR N. FORT MYERS, FL 33903 <input type="checkbox"/> Delete		TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Jean Reemsnyder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 267 Moonwind Dr. N. Ft. Myers, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, RUSSELL 193 HOBNAIL DR N. FORT MYERS, FL 33903 <input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Marian Coup <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 237 Hobnail Dr. N. Ft. Myers, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERRY, DICK 162 SUNCREST LANE N. FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Wilma Cross <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 86 Sandhill Dr. N. Ft. Myers, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, MARION 193 HOBNAIL DR N. FORT MYERS, FL 33903 <input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Fern Pellett <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 38 Serendipity Blvd. N. Ft. Myers, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANA, FRANK 157 SUNCREST LANE N. FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Rod Steffenhagen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 188 Hobnail Dr. N. Ft. Myers, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WERBLO, NILES 6 HOBNAIL DR N. FT MYERS, FL 33903 <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: <i>Russell King</i> Russell King PRES 4/14/04 239-995-7780 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					