

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90188 013 *****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2354734

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIDWELL, ALBERT L
10480 STRINGFELLOW RD
SUITE 2
SAINT JAMES CITY FL 33956

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HOBART, CARL**
STREET ADDRESS **336 ENCORE DR**
CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE **P** ☐ Delete
NAME **KING, RUSSELL**
STREET ADDRESS **193 HOBNAIL DR**
CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE **SD** ☒ Delete
NAME **REEMSNYDER, JEAN**
STREET ADDRESS **267 MOONWIND DR**
CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE **TD** ☐ Delete
NAME **KING, MARION**
STREET ADDRESS **193 HOBNAIL DR**
CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE **VP** ☒ Delete
NAME **COUP, MARIAN**
STREET ADDRESS **237 HOBNAIL DR**
CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE **D** ☐ Delete
NAME **GIBSON, ROBERT**
STREET ADDRESS **242 HOBNAIL DR**
CITY-ST-ZIP **N. FT MYERS FL 33903**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **CARL CROSS**
STREET ADDRESS **86 SANDHILL DR.**
CITY-ST-ZIP **N. Ft. Myers, FL, 33903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **Wilma Cross**
STREET ADDRESS **86 SANDHILL DR.**
CITY-ST-ZIP **N. Ft. Myers, FL, 33903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 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: Russell King Russell King 4/25/06, (239) 985-7780