

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90175 011 \*\*\*\*70.00

<b>DOCUMENT # 767828</b> 1. Entity Name <b>SERENDIPITY MOBILE HOMEOWNERS INC.</b>					
Principal Place of Business <b>8793 LITTLETON RD. NORTH FORT MYERS, FL 33903 US</b>			Mailing Address <b>8793 LITTLETON RD. NORTH FORT MYERS, FL 33903 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2354734</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TIDWELL, ALBERT L 10480 STRINGFELLOW RD SUITE 2 SAINT JAMES CITY, FL 33956</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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	<b>D</b> <b>HOBART, CARL</b> <b>336 ENCORE DR</b> <b>N. FORT MYERS, FL 33903</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CROSS, CARL</b> <b>86 SANDHILL DR</b> <b>N. FORT MYERS, FL 33903</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KING, RUSSELL</b> <b>193 HOBNAIL DR</b> <b>N. FORT MYERS, FL 33903</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HOFUS, ROY</b> <b>333 ENCORE DR</b> <b>N. FORT MYERS, FL 33903</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CROSS, CARL</b> <b>86 SANDHILL DR</b> <b>NORTH FORT MYERS, FL 33903</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CROSS, WILMA</b> <b>86 SANDHILL DR</b> <b>N. FORT MYERS, FL 33903</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KING, MARION</b> <b>193 HOBNAIL DR</b> <b>N. FORT MYERS, FL 33903</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VINOHRADSKY, MARIAN</b> <b>338 SANDHILL DR</b> <b>N. FORT MYERS, FL 33903</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CROSS, WILMA</b> <b>86 SANDHILL DR</b> <b>NORTH FORT MYERS, FL 33903</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUBACK, DON</b> <b>310 CRYSTAL LANE</b> <b>N. FORT MYERS, FL 33903</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIBSON, ROBERT</b> <b>242 HOBNAIL DR</b> <b>N. FT MYERS, FL 33903</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARKS, JOHN</b> <b>88 SANDHILL DR</b> <b>N. FORT MYERS, FL 33903</b> <input type="checkbox"/> Change <input checked="" 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> <u>Carl E. Cross</u> <b>CARL E. CROSS</b> <b>4-10-07</b> <b>239-995-1570</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

11. OFFICERS AND DIRECTORS

ATTACHMENT 40059916

TITLE D  
NAME SMITH, LINDA  
STREET ADDRESS 40 SERENDIPITY BLVD  
CITY, ST ZIP N. FORT MYERS, FL 33903

#767828

TITLE D  
NAME WELSH, JOHN  
STREET ADDRESS 63 MOONWIND DR  
CITY, ST ZIP N. FORT MYERS, FL 33903

TITLE D  
NAME ZAHORSKY, BOB  
STREET ADDRESS 94 ENCORE DR  
CITY, ST ZIP N. FORT MYERS, FL 33903