2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State
02-27-2008 90007 049 ****70.00

DOCUMENT # 767828

1. Entity Name
SERENDIPITY MOBILE HOMEOWNERS INC.

Principal Place of Business	Mailing Address
8793 LITTLETON RD. NORTH FORT MYERS, FL 33903 US	8793 LITTLETON RD. NORTH FORT MYERS, FL 33903 US

02072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOFUS, ROY 333 ENCORE DR N. FORT MYERS, FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHN WELCH 63 MOONWIND DR N. FORT MYERS, FL 33903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VINOHRADSKY, MARIAN 338 SANDHILL DR. N. FORT MYERS, FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CROSS, CARL 86 SANDHILL DR NORTH FORT MYERS, FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BETTY MARKS 89 SANDHILL DR N. FORT MYERS, FL 33903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUBACK, DON 310 CRYSTAL LANE N. FORT MYERS, FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERMAN GOFF 320 SONNET LN N. FORT MYERS, FL 33903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CROSS, WILMA 86 SANDHILL DR NORTH FORT MYERS, FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JANE BOYLE 246 HOBNAIL DR N. FORT MYERS FL 33903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARKS, JOHN 88 SAND HILL DR N. FT MYERS, FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TOM REEDY 299 CRYSTAL LANE N. FORT MYERS, FL 33903	☒ Change ☐ 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.

SIGNATURE: Elizabeth Marks 2/21/08 239-656-5365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #