

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767828

FILED
Jun 29, 2009
Secretary of State

Entity Name: SERENDIPITY MOBILE HOMEOWNERS INC.

Current Principal Place of Business:

8793 LITTLETON RD.
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

8793 LITTLETON RD.
NORTH FORT MYERS, FL 33903 US

New Mailing Address:

281 CRYSTAL LANE
NORTH FORT MYERS, FL 33903

FEI Number: 59-2354734 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WELCH, JOHN
Address: 63 MOONWIND DRIVE
City-St-Zip: N. FORT MYERS, FL 33903

Title: T () Delete
Name: VINOHRADSKY, MARIAN
Address: 338 SANDHILL DR.
City-St-Zip: N. FORT MYERS, FL 33903

Title: S () Delete
Name: MARKS, BETTY
Address: 89 S ANOHILL DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: HERMAN, GOFF
Address: 320 SONNET LANE
City-St-Zip: N. FORT MYERS, FL 33903

Title: D () Delete
Name: BOYLE, JANE
Address: 246 HOBNAIL DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: V (X) Delete
Name: REEDY, TOM
Address: 299 CRYSTAL LANE
City-St-Zip: N. FT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JONES, GETHIN
Address: 281 CRYSTAL LANE
City-St-Zip: N. FORT MYERS, FL 33903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GETHIN JONES

T

06/29/2009

Electronic Signature of Signing Officer or Director

Date