

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767828

FILED  
Feb 21, 2010  
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:**

281 CRYSTAL LANE  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

89 SANDHILL DRIVE  
NORTH FORT MYERS, FL 33903

**FEI Number:** 59-2354734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
**Name:** JONES, GETHIN  
**Address:** 281 CRYSTAL LANE  
**City-St-Zip:** N. FORT MYERS, FL 33903

**Title:** T  
**Name:** MILHORN, DAVID  
**Address:** 103 ENCORE DRIVE  
**City-St-Zip:** N. FORT MYERS, FL 33903

**Title:** S  
**Name:** CHIROKAS, ELIZABETH  
**Address:** 89 SANDHILL DRIVE  
**City-St-Zip:** NORTH FORT MYERS, FL 33903

**Title:** D  
**Name:** FLACK, FRANCIS  
**Address:** 257 DISCOVERY LAND  
**City-St-Zip:** N. FORT MYERS, FL 33903

**Title:** D  
**Name:** REEDY, THOMAS  
**Address:** 299 CRYSTAL LAND  
**City-St-Zip:** NORTH FORT MYERS, FL 33903

**Title:** VP  
**Name:** GIANFRANCISCO, FLO  
**Address:** 187 HOBNAIL DRIVE  
**City-St-Zip:** N. FT. MYERS, FL 33903

I hereby 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 all other like empowered.

**SIGNATURE:** ELIZABETH CHIROKAS

SECR

02/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date