## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000005699

FILED Apr 08, 2009 Secretary of State

Entity Name: LA SERENA IN OLD NAPLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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802 ANCHOR RODE DR. 328-330 & 350-352 6TH STREET S NAPLES, FL 34103 US NAPLES, FL 34102 US

Current Mailing Address: New Mailing Address:

802 ANCHOR RODE DR.

NAPLES, FL 34103 US

C/O CAMBRIDGE MANAGEMENT OF SWFL 2335 TAMIAMI TRAIL N. #402

NAPLES, FL 34103 US

FEI Number: 13-4231192 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PATTERSON, ANNE
C/O ACCOUNTING & TAX ASSOCIATES
802 ANHCOR RODE DR.
NAPLES, FL 34103 US
PATTERSON, ANNE
CAMBRIDGE MANAGEMENT OF SWFL, INC.
2335 TAMIAMI TRAIL N. #402
NAPLES, FL 34103 US

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: 04/08/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: ( ) Change ( ) Addition Name: IRONS, RONALD Name:

 Name:
 IRONS, RONALD
 Name:

 Address:
 330 6TH ST. S., 202
 Address:

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: MAURER, MARIE THERESA Name: MAURER, MARIE THERESA

 Name
 Name
 Name
 Name
 NAME In

 Address:
 328 6TH ST. S., 201
 Address:
 328 6TH ST. S., 201

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:
 NAPLES, FL 34102

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: ANNE PATTERSON RA 04/08/2009