

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00775

FILED
Apr 13, 2006
Secretary of State

Entity Name: SERENDIPITY AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

501 SERENDIPITY DRIVE
NAPLES, FL 34108 US

New Principal Place of Business:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

Current Mailing Address:

1044 CASTELLO DR
206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2644736 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR. #206
NAPLES, FL 34103 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: VD () Delete
Name: HERRING, MARTIN
Address: 619 SERENDIPITY DR.
City-St-Zip: NAPLES, FL 34108

Title: S () Delete
Name: MARTINO, JAN
Address: 519 SERENDIPITY DR
City-St-Zip: NAPLES, FL 34108

Title: TND () Delete
Name: SMITH, JOANNE K
Address: 503 SERENDIPITY DR.
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: KRALL, JAMES
Address: 539 SERENDIPITY
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: CINADR, DONNA
Address: 537 SERENDIPITY DR.
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: GRAYSON, CELVIN
Address: 529 SERENDIPITY DR.
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: P (X) Change () Addition
Name: CINADR, DONNA
Address: 537 SERENDIPITY DR.
City-St-Zip: NAPLES, FL 34108

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA CINADR

P

04/13/2006

Electronic Signature of Signing Officer or Director

Date