2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N00775

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

Current Principal Place of Business:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

New Principal Place of Business:

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:	P	( ) Delete
Name:	CINADR, DONNA	
Address:	537 SERENDIPITY DRIVE	
City-St-Zip:	NAPLES, FL 34108	
Title:	S	( ) Delete
Name:	MARTINO, AL	
Address:	519 SERENDIPITY DRIVE	
City-St-Zip:	NAPLES, FL 34108	
Title:	T	( ) Delete
Name:	SMITH, JOANNE K	
Address:	503 SERENDIPITY DR.	
City-St-Zip:	NAPLES, FL 34108	
Title:	VP	(X) Delete
Name:	GILL, LEE	
Address:	623 SERENDIPITY DRIVE	
City-St-Zip:	NAPLES, FL 34108	
Title:	D	(X) Delete
Name:	GRAYSON, CAL	
Address:	529 SERENDIPITY DRIVE	
City-St-Zip:	NAPLES, FL 34108	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	MARTINO, AL	
Address:	519 SERENDIPITY DRIVE	
City-St-Zip:	NAPLES, FL 34108	
Title:	ST	(X) Change ( ) Addition
Name:	SMITH, JOANNE K	
Address:	503 SERENDIPITY DR.	
City-St-Zip:	NAPLES, FL 34108	
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: DONNA CINADR P 04/08/2009

Electronic Signature of Signing Officer or Director — Date