## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N01000006757**

1. Entity Name



**FILED** Feb 21, 2005 8:00 am Secretary of State

02-21-2005 90055 018 \*\*\*\*61.25

	EAN VILLAS AT SERENATA MINIUM ASSOCIATION, INC						
Principal Place of Business 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080		Mailing Address 5455 A1A SOUTH SAINT AUGUSTINE, FL 32	2080				
	•	_					
2. Principal Place of Business		3. Mailing Address				[1]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082005	, Chg-NP	CR2E037 (10/03)	
City & State		City & State .		4. FEI Number 59-37461	86		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Add	
	6. Name and Address of Current F	Registered Agent		7. Name and Ad	dress of New Rec	gistered Agent	
MAX MANAGEMENT 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080				May Monagems dress (P.O. Box Nomber is	Not Acceptable)	ices, Inc.	
			CitySo	<u>1455 AIA Soc</u> Int Augustine	<u> </u>	FL Zp Code	80
	named entity submits this statement for tions of registered agent.	the purpose of changing its re-	gistered office or		the State of Florid	da. I am familiar with,	and accept
	1. M: 1/A/	O AUTOUR IL	OSKI	6.11° 20"	ລ	(states	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signatur	re required when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp .Trust Fund Cor		\$5.00 May Be Added to Fees	Mal	ke check payable to la Department of St	ate
10.	Filing Fee is \$61.25 Due by May 1, 2005	Trust Fund Cor		Added to Fees	Florid	ke check payable to la Department of St S AND DIRECTORS IN	ate
10.	Due by May 1, 2005  OFFICERS AND DIR	Trust Fund Cor	11.	Added to Fees  ADDITIONS/CHANGE	Florid	la Department of St	ate
10. TITLE NAME	Due by May 1, 2005  OFFICERS AND DIR  DP  SUILLEN, ED	Trust Fund Cor	11. TITLE NAME	Added to Fees  ADDITIONS/CHANGE  Swillen Ed	GES TO OFFICERS	a Department of St. S AND DIRECTORS IN	ate  10  Addition
10.	Due by May 1, 2005  OFFICERS AND DIR	Trust Fund Cor	11.	Added to Fees  ADDITIONS/CHANGE  Swillen Ed  230 N. Se	Florid GES TO OFFICERS	A Department of St. S AND DIRECTORS IN Thange	ate  10  Addition
10. TITLE NAME STREET ADDRESS	Due by May 1, 2005  OFFICERS AND DIR  DP  SUILLEN, ED 230 N. SERENOTA DR UNIT 722 PONTE VEDRA BEACH, FL 3200  DVP	Trust Fund Cor	11. TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CHANG  Swillen Fo	GES TO OFFICERS	a Department of St.  S AND DIRECTORS IN  The Transpersion of Tange	ate  10  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2005  OFFICERS AND DIR  DP  SUILLEN, ED  230 N. SERENOTA DR UNIT 722  PONTE VEDRA BEACH, FL 3200  DVP  ROBBINS, DAVID	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees  ADDITIONS/CHANG  Powillen Ed  230 Kl. Sei  Ponte Ued  TOPEN, Dan	Florid  GES TO OFFICERS  Ca Beach	Department of St.  S AND DIRECTORS IN  Defrance  72.  1 3 2 0 8  □ Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2005  OFFICERS AND DIR  DP  SUILLEN, ED 230 N. SERENOTA DR UNIT 722 PONTE VEDRA BEACH, FL 3200  DVP	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees  ADDITIONS/CHANG  Swillen & Co 230 Ni. See  Ponte Ued  VP  Noey, Dan 220 Ni. See	Florid  SES TO OFFICERS  TO BEELL  T	Department of St.  S AND DIRECTORS IN  Defange  > Lenge 72:  E 3208  Change	ate  10 Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005  OFFICERS AND DIR  DP  SUILLEN, ED  230 N. SERENOTA DR UNIT 722  PONTE VEDRA BEACH, FL 3200  DVP  ROBBINS, DAVID  120 S. SERENOTA DR UNIT 332	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CHANG  Powillen Ed  230 Kl. Sei  Ponte Ued  TOPEN, Dan	Florid  SES TO OFFICERS  TO BEELL  T	Department of St.  S AND DIRECTORS IN  Defange  > Lenge 72:  E 3208  Change	ate  10 Addition  Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: &

Daytime Phone #