2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 26, 2007 8:00 am Secretary of State

DOCUN	AENT	# NIO	10000	06757
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DOCUMENT # N0100006757 1. Entity Name THE OCEAN VILLAS AT SERENATA BEACH CONDOMINIUM ASSOCIATION, INC.									02-26-7	2007 900	064 04	4 ****(61.25
Principal Place of Business Mailing Address 5455 A1A SOUTH 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080 SAINT AUGUSTINE, FL 32080							4.UU	ራ4 T n w					
2 Principal P	loca of Pusir	ages No BO Roy #	2 Mailio	a Address									
				ling Address			'					BOI 81111 1201	,186 BI (BB)
Suite, Apt. #, etc. Suit		ite, Apt. #, etc.			020	52007	Chg-NP	CR2	E037 (12/06)			
City & State	e		City	& State				El Numbe 59-3746				<u> </u>	plied For t Applicable
Zip		Country	Zip		Cou	intry	5 . C	ertificate	of Status Desir	red 🗌	\$8 Fee	.75 Addi Required	itional 1
	6. Name	and Address of Current	Registered	Agent			7. N	ame and	Address of N	ew Register	ed Age	nt	
MAY MAN	AGEMEN	T SERVICES, INC				Name							
5455 A1A SAINT AU	-	, FL 32080				Street Add	dress (P.O. Bo	ox Numbe	er is Not Accep	otable)			
												7.0.1	
						City					FL	Zip Code	ł ·
	named entit ions of regist	y submits this statement for tered agent.	or the purpos	se of changing its	s registere	ed office or re	egistered age	ent, or bot	h, in the State	of Florida. I	am fami	Har with, a	and accept
SIGNATURE .	Signature, typed	for printed name of registered agent	and title if applica	abie. (NO	E. Registere	d Agent signature i	required when rei	nstating)		DA	лE	<u> </u>	
SIGNATURE .	Filing Fe	tor printed name of registered agent ee is \$61.25 May 1, 2007	and title if applica	9. Election Ca Trust Fund	mpaign F	inancing	 _ \$5.0	nstating) 10 May Be	e	Make ch	neck pa		
SIGNATURE .	Filing Fe	e is \$61.25		9. Election Ca	mpaign F	inancing on.	\$5.0 Added	May Both to Fees	ANGES TO OF	Make ch Florida De	neck pa	nt of St	ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 truetee 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Reserve

SIGNING OFFICER OR DIRECTOR

Delete

2-21-2007 Dayline Phone #

Change

Addition