


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90035 024 ****61.25

DOCUMENT # N03000000986

1. Entity Name
 SERENA SHORES CONDOMINIUM OF INDIAN HARBOUR BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 REGENCY BUSINESS CENTER, 1227 S PATRICK DR
 SATELLITE BEACH, FL 32937

Mailing Address
 REGENCY BUSINESS CENTER, 1227 S PATRICK DR
 SATELLITE BEACH, FL 32937

44005011

2. Principal Place of Business
 1965 AND 2065 Hwy

3. Mailing Address
 c/o B P DAVIS Prop Mgt.
 Suite, Apt. #, etc.
 1980 N. ATLANTIC AVE #701



01122004 Chg-NP CR2E037 (10/03)

City & State
 Indian Harbour Bch FL

City & State
 Cocoa Beach FL

Zip
 32937

Country
 U.S.A.

Zip
 32931

Country
 U.S.A.

4. FEI Number
 14-1871349

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATES, JAMES
 REGENCY BUSINESS CENTER, 1227 S PATRICK DR
 SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 1/12/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD BATES, JAMES REGENCY BUSINESS CENTER, 1227 S PATRICK DR SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLINGLESMTIH, JULIA REGENCY BUSINESS CENTER, 1227 S PATRICK DR SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLINGLESMTIH, WILLIAM REGENCY BUSINESS CENTER, 1227 S PATRICK DR SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SORGE, FRED Regency Business Center 1227 S. Patrick Satellite Beach, FL 32937 DR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 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 persons empowered.

SIGNATURE *[Signature]* DATE 1/12/04 321-480-1336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #