

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90432 036 \*\*\*\*61.25

**DOCUMENT # N03000000986**

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



**Principal Place of Business**  
1965 AND 2035 N. HWY A1A  
INDIAN HARBOUR BEACH, FL 32937

**Mailing Address**  
C/O R.D.I.  
109 LONG POINT ROAD  
CAPE CANAVERAL, FL 32920

40060689



**2. Principal Place of Business**

**3. Mailing Address**

1965 N. HWY A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#406

**City & State**

City & State  
INDIAN HARBOUR BEACH, FL

**Zip**

**Country**

**Zip**

**Country**

32937

04102006

Chg-NP

CR2E037 (11/05)

**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**

DUGAN, MICHELLE  
RECONCILABLE DIFFERENCES, INC.  
109 LONG POINT ROAD  
CAPE CANAVERAL, FL 32920

**7. Name and Address of New Registered Agent**

**Name** Jim Kenney

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

1331 Bedford Drive #103

**City** Melbourne

**FL**

**Zip Code** 32940

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

**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** PD ☒ **Delete**  
**NAME** FOREHAND, KEMP  
**STREET ADDRESS** 2035 N. HWY A1A #205  
**CITY-ST-ZIP** INDIAN HARBOUR BEACH, FL 32937

**TITLE** TD ☒ **Delete**  
**NAME** BREWER, JOYCE  
**STREET ADDRESS** 1965 N. HWY A1A #203  
**CITY-ST-ZIP** INDIAN HARBOUR BEACH, FL 32937

**TITLE** SD ☒ **Delete**  
**NAME** REED, AGNES  
**STREET ADDRESS** 2035 N. HWY A1A #401  
**CITY-ST-ZIP** INDIAN HARBOUR BEACH, FL 32937

**TITLE** VD ☒ **Delete**  
**NAME** CAMFIELD, GRAY  
**STREET ADDRESS** 2035 N. HWY A1A #203  
**CITY-ST-ZIP** INDIAN HARBOUR BEACH, FL 32937

**TITLE** D ☒ **Delete**  
**NAME** KANSKI, JEFFREY  
**STREET ADDRESS** 1965 N. HWY A1A #205  
**CITY-ST-ZIP** INDIAN HARBOUR BEACH, FL 32937

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** PRESIDENT ☒ **Change** ☐ **Addition**  
**NAME** BARBARA GRASSEL  
**STREET ADDRESS** 1965 N. HWY A1A #406  
**CITY-ST-ZIP** INDIAN HARBOUR BEACH, FL 32937

**TITLE** TREASURER ☒ **Change** ☐ **Addition**  
**NAME** BOB HAGELIN  
**STREET ADDRESS** 1965 N. HWY A1A #406  
**CITY-ST-ZIP** INDIAN HARBOUR BEACH, FL 32937

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME** JENNI FOLIS  
**STREET ADDRESS** 1965 N. HWY A1A #406  
**CITY-ST-ZIP** INDIAN HARBOUR BEACH, FL 32937

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME** GARY GANFIELD  
**STREET ADDRESS** 1965 N. HWY A1A #406  
**CITY-ST-ZIP** INDIAN HARBOUR BEACH, FL 32937

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME** BOB KATZ  
**STREET ADDRESS** 1965 N. HWY A1A #406  
**CITY-ST-ZIP** INDIAN HARBOUR BEACH, FL 32937

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06

Date

777-5592

Daytime Phone #