


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90037 018 ****61.25

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| DOCUMENT # N03000008881 |  |
| 1. Entity Name SERRANO AT COUNTRY LAKES HOMEOWNERS' ASSOCIATION, INC. | |

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| Principal Place of Business 1192 E NEWPORT CENTRE DR, STE 150 DEERFIELD BEACH, FL 33442 | Mailing Address 4450 W. SUNRISE BOULEVARD SUITE C-100 PLANTATION, FL 33313 |
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| 2. Principal Place of Business C/O CASTLE GROUP | 3. Mailing Address C/O CASTLE GROUP |
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| Suite, Apt. #, etc. 12270 S.W. 3RD STREET | Suite, Apt. #, etc. P O BOX 559009 |
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| City & State PLANTATION, FL | City & State FORT LAUDERDALE, FL |
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|--------------|---------|--------------|---------|
| Zip 33325 | Country | Zip 33355 | Country |
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40094499



04152006 Chg-NP CR2E037 (11/05)

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| 4. FEI Number 34-1997165 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent RODRIGUEZ, JUAN E 80 SW 8TH ST, STE 2550 MIAMI, FL 33130 | 7. Name and Address of New Registered Agent Name PARKER, LORRAINE Street Address (P.O. Box Number is Not Acceptable) 18 COUNTRY LAKE TRAIL City BOYNTON BEACH, FL Zip Code 33436 |
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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 _____

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HUMPHRIES, MICHAEL 1192 E NEWPORT CENTRE DR, STE 150 DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PARKER, LORRAINE 18 COUNTRY LAKE TRAIL BOYNTON BEACH, FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ROCA, RAFAEL 1192 E NEWPORT CENTRE DR, STE 150 DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SERCU, ROBB 44 COUNTRY LAKE CIRCLE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHARPSTEEN, CANDACE 1192 E NEWPORT CENTRE DR, STE 150 DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MC MULLEN, ERNIE 19 COUNTRY LAKE CIRCLE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ALLEN, ALICE 1192 NEWPORT CENTRE DR, STE 150 DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIMMONS, DARRIN 40 COUNTRY LAKE CIRCLE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ALBERTSON, KARL 1192 E NEWPORT CENTRE DR, STE 150 DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | . |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 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:  522-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #