

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000402

FILED
Mar 06, 2009
Secretary of State

Entity Name: SERRANO HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

40 COUNTRY LAKE CIRCLE
SERRANO HOMEOWNERS ASSOCIATION
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

40 COUNTRY LAKE CIRCLE
SERRANO HOMEOWNERS ASSOCIATION
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 34-1997165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, DARRIN
40 COUNTRY LAKE CIRCLE
SERRANO HOMEOWNERS ASSOCIATION
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SIMMONS, DARRIN
Address: 40 COUNTRY LAKE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: VP () Delete
Name: PARKER, LORRAINE A
Address: 18 COUNTRY LAKE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: TRES () Delete
Name: MCMULLEN, ERNEST
Address: 19 COUNTRY LAKE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: SEC () Delete
Name: STEPHANIE, COOK
Address: 16 COUNTRY LAKE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: DIR () Delete
Name: KAMALAZEDAH, JENNIFER
Address: 37 COUNTRY LAKE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: BKPR (X) Delete
Name: MCMULLEN, DONNA
Address: 19 COUNTRY LAKE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JUDY, ROWE
Address: 8 COUNTRY LAKE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: TRES (X) Change () Addition
Name: DECLAIRE, LISA
Address: 14 COUNTRY LAKE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA DECLAIRE

TRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date