
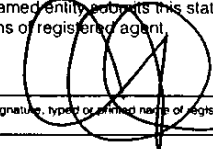
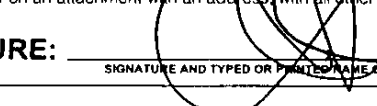


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90016 012 ****61.25

DOCUMENT # N04000001512					
1. Entity Name SERRANO MASTER ASSOCIATION, INC.					
Principal Place of Business 6325 PRESIDENTIAL COURT #2 FORT MYERS, FL 33919			Mailing Address 27499 RIVERVIEW CENTER BOULEVARD SUITE 134 BONITA SPRINGS, FL 34134		
2. Principal Place of Business - No P.O. Box # 3372 Woods Edge Circle Suite, Apt. #, etc. SUITE 101		3. Mailing Address 3372 Woods Edge Circle Suite, Apt. #, etc. SUITE 101		04072008 Chg-NP CR2E037 (12/06)	
City & State Bonita Springs, FL		City & State Bonita Springs, FL		4. FEI Number 20-1843574	
Zip 34134		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OMNI MANAGEMENT SERVICES OF FLORIDA, INC. 27499 RIVERVIEW CENTER BOULEVARD SUITE 134 BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent Name: JOHN C. GOEDE ESQ Street Address (P.O. Box Number is Not Acceptable): 9915 TAMiami TRAIL, N SUITE 1 City: NAPLES FL Zip Code: 34108		
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:  4-10-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME SAMELUK, CHARLES E STREET ADDRESS 6326 PRESIDENTIAL COURT, #2 CITY-ST-ZIP FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE P/D NAME DAVID AMBROSE STREET ADDRESS 940 COLONIAL CT CITY-ST-ZIP LAKE ZURICH, IL 60047	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME NOVACK, CHRISTOPHER B STREET ADDRESS 6325 PRESIDENTIAL COURT, #2 CITY-ST-ZIP FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE V/P/D NAME ADAM TILONI STREET ADDRESS 27011 Serrano Way # 102 CITY-ST-ZIP Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DONAHUE, PATRICK STREET ADDRESS 6325 PRESIDENTIAL COURT, #2 CITY-ST-ZIP FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE D/S/T NAME HILDA TAYLOR STREET ADDRESS 27082 SERRANO WAY CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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:  4-10-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					