

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001512

FILED
Apr 30, 2009
Secretary of State

Entity Name: SERRANO MASTER ASSOCIATION, INC.

Current Principal Place of Business:

3372 WOODS EDGE CIR
STE. 101
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

3372 WOODS EDGE CIR
STE. 101
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 20-1843574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOEDE, JOHN C ESQ
9915 TAMIAMI TRAIL N.
STE. 1
NAPLES, FL 34108 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: PD () Delete
Name: AMBROSE, DAVID
Address: 940 COLONIAL CT
City-St-Zip: LAKE ZURICH, IL 60047

Title: VP/D () Delete
Name: TILONI, ADAM
Address: 27011 SERRANO WAY #102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DST () Delete
Name: TAYLOR, HILDA
Address: 27082 SERRANO WAY
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AMBROSE, DAVID
Address: C/O KW, 3372 WOODS EDGE CIR. #101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP/D (X) Change () Addition
Name: DEWHIRST, NED
Address: C/O KW, 3372 WOODS EDGE CIR. #101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DST (X) Change () Addition
Name: PLEETER, BRUCE
Address: C/O KW, 3372 WOODS EDGE CIR. #101
City-St-Zip: BONITA SPRINGS, FL 34134

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: DAVID AMBROSE

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date