

# 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