

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000011759 1. Entity Name SERENITY ON THE RIVER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134			Mailing Address 1740 NW NORTH RIVER DR MIAMI, FL 33125		
2. Principal Place of Business - No P.O. Box # 1740 NW NORTH RIVER DR		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI FL		City & State			
Zip 33125		Country USA		Zip	
Country		4. FEI Number 20-2037086			
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROBERT KAYE & ASSOCIATES 6261 NW 6TH WAY 103 MICHAEL BENDER, ESQ FT. LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARINAS, ANNE MARIE 1740 NW NORTH RIVER DRIVE MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARINAS, ANNE MARIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1740 NW NORTH RIVER DRIVE MIAMI, FL 33125		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILDER, MORACE 1740 NW NORTH RIVER DR SUITE 314 MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/10/25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, ALDO 1740 NW NORTH RIVER DR SUITE 115 MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100111299611 10/24/07--01044--022 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, DIANA 1740 NW NORTH RIVER DRIVE MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, DIANA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1740 NW NORTH RIVER DRIVE MIAMI, FL 33125		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GETMAN, BETH 1740 NW NORTH RIVER DRIVE MIAMI, FL 33125 <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	VP STUART, CHARLES 1740 NW NORTH RIVER DR SUITE 126 MIAMI, FL 33125 <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:		9-5-07 (345) 545-9442			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			