2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N04000011759

Entity Name: SERENITY ON THE RIVER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1740 NW NORTH RIVER DR
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1740 NW NORTH RIVER DR
MIAMI, FL 33125

New Mailing Address:

FEI Number: 20-2037086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES
6261 NW 6TH WAY 103
MICHAEL BENDER, ESQ
FT. LAUDERDALE, FL 33309 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: P ( ) Delete
Name: VALCARCE-STUART, CHARLES A
Address: 1740 NW NORTH RIVER DRIVE, #124
City-St-Zip: MIAMI, FL 33125 US

Title: VP ( ) Delete
Name: FERNANDEZ, ALDO
Address: 1740 NW NORTH RIVER DR #115
City-St-Zip: MIAMI, FL 33125 US

Title: T ( ) Delete
Name: QUINDEMIL, TERESA
Address: 1720 NW NORTH RIVER DR #606
City-St-Zip: MIAMI, FL 33125 US

Title: S ( ) Delete
Name: LONGNECKER, NICK
Address: 1740 NW NORTH RIVER DRIVE #616
City-St-Zip: MIAMI, FL 33125 US

Title: D ( ) Delete
Name: ALEITE, ANA
Address: 1740 NW NORTH RIVER DRIVE #627
City-St-Zip: MIAMI, FL 33125 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: VALCARCE-STUAR CHARLES P 04/14/2009

Electronic Signature of Signing Officer or Director — Date