2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N05000001935

Entity Name: SERENADE ON PALMER RANCH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5100 NORTHRIDGE ROAD
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

5100 NORTHRIDGE ROAD
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 20-3734095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARGUS PROPERTY MANG.
2477 STICKNEY POINT RD., SUITE 118A
SARASOTA, FL 34231 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: SMIHT, DANIEL
Address: 5140 NORTHRIDGE RD, #301
City-St-Zip: SARASOTA, FL 34238

Title: VPD ( ) Delete
Name: MARICONI, MICHELLE
Address: 5160 NORTHRIDGE RD #308
City-St-Zip: SARASOTA, FL 34238

Title: SD ( ) Delete
Name: CASTAGNA, COLEEN
Address: 5160 NORTHRIDGE RD, #203
City-St-Zip: SARASOTA, FL 34238

Title: TD ( ) Delete
Name: GARCIA, JANE
Address: 5180 NORTHRIDGE RD, #210
City-St-Zip: SARASOTA, FL 34238

Title: AS (X) Delete
Name: MARKEL, JIM
Address: 1801 GLENGARY ST.
City-St-Zip: SARASOTA, FL 34231

Title: AT (X) Delete
Name: SUTTON, WILLIAM
Address: 1801 GLENGARY ST.
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GARCIA, JANE
Address: 5180 NORTHRIDGE RD #210
City-St-Zip: SARASOTA, FL 34238

Title: VPD (X) Change ( ) Addition
Name: SMITH, DANIEL
Address: 2207 OAKFORD RD
City-St-Zip: SARASOTA, FL 34240

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

Title: TD (X) Change ( ) Addition
Name: BEY, MAUREEN
Address: 5168 NORTHRIDGE RD, #103
City-St-Zip: SARASOTA, FL 34238

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: JANE GARCIA PD 01/29/2009

Electronic Signature of Signing Officer or Director — Date