2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 11, 2007 8:00 am Secretary of State 04-11-2007 90023 048 ****61.25

DOCUMENT # N05000003 1. Entity Name SERENGETI COMMUNITY ASSOCI						
Principal Place of Business 17310 N: RIVER RD. ALVA, FL 33920	Mailing Address C/O ROBERT D. ROYSTON P.O. DRAWER 60205 FORT MYERS, FL 33906		40056		II Bebo kiis kaaa keel a	
2. Principal Place of Business - No P.O. Box # 170.50 Sevenaeti Cin	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03152007 Ch	g-NP C	CR2E037 (12/06)	
Alva, FL	City & State		4. FEI Number 16-172132	5	<u> </u>	pplied For ot Applicable
33920 Country A	Zip	Country	5. Certificate of Sta	itus Desired	See Require	ditional ed
6. Name and Address of Current	Registered Agent		7. Name and Addi	ess of New Regi	stered Agent	
ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907		Street Ac	ddress (P.O. Box Number is N	lot Acceptable)		
·		City	······		Zip Cod	ie .
The above named entity submits this statement to the obligations of registered agent.	or the purpose of changing its re	gistered office or	registered agent, or both, in I	the State of Florida	a. I am familiar with,	, and accept
SIGNATURE						
SIGNATURE	and title if applicable. (NOTE F	Registered Agent signatur	ire required when reinstating)		DATE	
	9. Election Camp Trust Fund Col	aign Financing	\$5.00 May Be Added to Fees		check payable t	
Signature, lyped or printed name of registered agent	9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Be	Florida	check payable t Department of S	tate
Signature, lyped or printed name of registered agent	9. Election Camp Trust Fund Co	aign Financing ntribution.	\$5.00 May Be Added to Fees	Florida	check payable t Department of S	tate
Filing Fee is \$61.25 Due by May 1, 2007 10. OFFICERS AND DI TITLE PD NAME THIVIERGE, VALERIE	9. Election Camp Trust Fund Cor RECTORS	aign Financing ntribution. [11. TITLE NAME	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Florida	check payable to Department of S	tate
Signature, lyped or printed name of registered agent	9. Election Camp Trust Fund Co	raign Financing ntribution. [11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Florida S TO OFFICERS	check payable to Department of S	tate
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: //