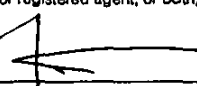
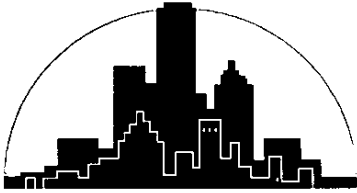


**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90237 028 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |                                                                                                                                                                                                             |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N05000004340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |                                                                                                                            |                                                                                                                                                           |
| 1. Entity Name<br>SERENITY PALMS CONDOMINIUM ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |                                                                                                                                                                                                             |                                                                                                                                                           |
| Principal Place of Business<br>701 BRICKELL AVENUE, SUITE 2280<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          | Mailing Address<br>701 BRICKELL AVENUE, SUITE 2280<br>MIAMI, FL 33131                                                                                                                                       |                                                                                                                                                           |
| 2. Principal Place of Business<br>3201 Sabal palm manor<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          | 3. Mailing Address<br>2950 N. 28th Terrace<br>Suite, Apt. #, etc.                                                                                                                                           |                                                                                                                                                           |
| City & State<br>Davie, Florida<br>Zip<br>33024<br>Country<br>U.S.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          | City & State<br>Hollywood, Florida<br>Zip<br>33020<br>Country<br>U.S.A.                                                                                                                                     |                                                                                                                                                           |
| 6. Name and Address of Current Registered Agent<br>HERNANDEZ, OMAR A<br>701 BRICKELL AVENUE, SUITE 2280<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>BECKER & POLIAKOFF, P.A.<br>Street Address (P.O. Box Number is Not Acceptable)<br>3111 STIRLING ROAD<br>City<br>HOLLYWOOD<br>FL<br>Zip Code<br>33312 |                                                                                                                                                           |
| 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.<br>SIGNATURE <u>GARY A. POLIAKOFF, President</u>  6/14/06<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE                                                                                                                                                                                                                                                                   |                                                                                                                          |                                                                                                                                                                                                             |                                                                                                                                                           |
| Filing Fee is \$61.25<br>Due by September 8, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                             |                                                                                                                                                           |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                       |                                                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PD<br>HERNANDEZ, OMAR A<br>701 BRICKELL AVENUE, SUITE 2280<br>MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                              | PD<br>Rachelle Porter<br>3201 Sabal palm manor # 207<br>DAVIE, Florida 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SD<br>BOSCHETTI, LUIS<br>2159 CORAL WAY<br>MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                              | VD<br>Estrella maggio<br>3201 Sabal palm manor # 104<br>DAVIE, Florida 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VD<br>BOSCHETTI, JOSE<br>2159 CORAL WAY<br>MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                              | TD<br>Washti Bawrath<br>7801 NW 42nd Court<br>Hollywood, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                              | SD<br>Desiree Munera<br>3201 Sabal palm manor # 207<br>DAVIE, Florida 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                              | DD<br>Ramon Arriaga<br>8820 NW 8th Street<br>Fleming Pines, Florida 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>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.<br>SIGNATURE: <u>Rachelle Porter</u> 6/8/06 954 925 8200<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # |                                                                                                                          |                                                                                                                                                                                                             |                                                                                                                                                           |



ATTACHMENT  
66019789

## THE CONTINENTAL GROUP, INC.

PROPERTY SERVICES  
Licensed Real Estate Broker

3000 N. 28<sup>th</sup> Terrace  
Hollywood, Florida 33020  
After Hours Emergency: 954-925-8200  
Customer Service:  
Dade: 305-917-0791  
Broward: 954-378-1099  
Toll Free: 1-866-378-1099  
Fax: 954-378-1101  
www.thecontinentalgroupinc.com

June 15, 2006

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, Florida 32301

Re: Serenity Palms Condominium Association, Inc.  
Document # N05000004340

To Whom It May Concern:

We are in receipt of your letter dated May 24, 2006. In as such, enclosed please find the updated 2006 Not -For-Profit Corporation Annual Report. It is our understanding that the check was received.

The Annual Corporate Report has been updated to reflect the new board members and registered agent.

Respectfully,

Michele Samuel  
Property Manager  
The Continental Group, Inc.

Cc. File