

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90021 014 ****61.25

DOCUMENT # N05000004340

1. Entity Name
SERENITY PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
3201 SABAL PALM MANOR
DAVIE, FL 33024

Mailing Address
2950 NORTH 28TH TERRACE
HOLLYWOOD, FL 33020

400013001



2. Principal Place of Business No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032008

Chq-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
3111 STIRLING RD
HOLLYWOOD, FL 33312

Name: Brough, Chadron and Levine, P.A.
Street Address (If Not Applicable): Global Commerce Center
1980 North Commerce Parkway
City: Weston FL 33326

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

Scott J. Levine, Esq. for Brough, Chadron & Levine, P.A. 3/7/08

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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: PD
NAME: PORTER, RACHELLE
STREET ADDRESS: 3261 SABAL PALM MANOR SUITE 207
CITY-STATE-ZIP: DAVIE, FL 33024 ☒ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: VD
NAME: ESTRALLA, MAGGIO
STREET ADDRESS: 3221 SABAL PALM MANOR SUITE 104
CITY-STATE-ZIP: DAVIE, FL 33024 ☒ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: WASHTI, RAJNATH
STREET ADDRESS: 7801 NW 42ND CT
CITY-STATE-ZIP: DAVIE, FL 33024

TITLE: President / Treasurer ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: MUNERA, DESIREE
STREET ADDRESS: 3221 SABAL PALM MANOR SUITE 207
CITY-STATE-ZIP: DAVIE, FL 33024

TITLE: Vice President / Secretary ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ARRIAGA, RAMON
STREET ADDRESS: 8820 NW 8TH ST
CITY-STATE-ZIP: PEMBROKE PINES, FL 33024

TITLE: Vice President ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ 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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Washti Befnah PRESIDENT

03/04/08

954-435-4810

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Capital Stock