

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90007 034 ****61.25

DOCUMENT # N05000011299		
1. Entity Name SERENGETI HOMEOWNERS' ASSOCIATION, INC.		

Principal Place of Business 2502 N. ROCKY POINT DRIVE, SUITE 1050 TAMPA, FL 33607	Mailing Address 2502 N. ROCKY POINT DRIVE, SUITE 1050 TAMPA, FL 33607
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07172007 Chg-NP CR2E037 (12/06)

4. FEI Number APPLIED FOR 20-5910036	Applied For ☒ Not Applicable
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	
STOHAUER, GARY N 1150 CLEVELAND STREET, SUITE 300 CLEARWATER, FL 33755		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete RYAN, JOHN M 2502 N. ROCKY POINT DRIVE, SUITE 1050 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR ☒ Change ☒ Addition GREGORY SINGLETON 2502 N. ROCKY POINT DR, SUITE 1050 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete LAWSON, MICHAEL S 2502 N. ROCKY POINT DRIVE, SUITE 1050 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☒ Delete RAY, JR., PAUL 2502 N. ROCKY POINT DRIVE, SUITE 1050 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: Michael Lawson (813) 7-17-07 288-8078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #