

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 SEP 19 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000011979

1. Entity Name
SERENITY BEACH HOUSE, INC



Principal Place of Business
1471 SOUTH 8TH STREET
FERNANDINA BEACH, FL 32034

Mailing Address
1471 SOUTH 8TH STREET
FERNANDINA BEACH, FL 32034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08062006

Chg-NP

CR2E037 (4/06)

4. FEI Number

21N 02-0760576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESCOE, BRIDGET
196 ROWAN OAK PLACE
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent

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

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

Due by September 6, 2006

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

TITLE P
NAME ESCOE, BRIDGET ☐ Delete
STREET ADDRESS 196 ROWAN OAK PLACE
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE S
NAME GRADY-ROBINSON, LAUREN ☐ Delete
STREET ADDRESS 2874 TIDE WATER
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE T
NAME ROYAL, CHERI ☐ Delete
STREET ADDRESS 406 SOUTH 11TH STREET
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500080095115
CITY-ST-ZIP 09/22/06--01055--006 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 *Bridget H Escoe* 15 Sept, 2006

9/21/06