

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002452

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** SERANO AT HAMMOCK BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1065 BORGHESE LN  
NAPLES, FL 34114

**New Principal Place of Business:**

**Current Mailing Address:**

1065 BORGHESE LN  
NAPLES, FL 34114

**New Mailing Address:**

**FEI Number:** 20-4448626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODWARD, PIRES & LOMBARDO  
606 BALD EAGLE DRIVE  
STE 500  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FOX, KENNETH  
Address: 1065 BORGHESE LN #301  
City-St-Zip: NAPLES, FL 34114

Title: VD (X) Delete  
Name: ROSEN, SUZANNE  
Address: 1065 BORGHESE LN #702  
City-St-Zip: NAPLES, FL 34114

Title: VD ( ) Delete  
Name: ABOUD, JOHN  
Address: 1065 BORGHESE LN #1001  
City-St-Zip: NAPLES, FL 34114

Title: TD ( ) Delete  
Name: TRACZ, LARRY  
Address: 1065 BORGHESE LN #402  
City-St-Zip: NAPLES, FL 34114

Title: SD ( ) Delete  
Name: ROSENBERG, NEAL  
Address: 1065 BORGHESE LN #803  
City-St-Zip: NAPLES, FL 34114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ZANNETTI, MICHAEL  
Address: 1065 BORGHESE LN, # 1005  
City-St-Zip: NAPLES, FL 34114

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD J. SAFFIN

MGR

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date