

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010771

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** SERENITY BAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

C/O 3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224

**New Mailing Address:**

C/O 3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**FEI Number:** 20-5738787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIRST COAST ASSOCIATION MANAGEMENT, LLC  
11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224 US

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

COASTAL REALTY & PROPERTY MANAGEMENT, INC.  
3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

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: JUDY S. ALLIGOOD

04/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: FREEMAN, SHARON  
Address: 100 SERENITY BAY BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP ( ) Delete  
Name: STANBERRY, SARAH  
Address: 108 SERENITY BAY BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S/T ( ) Delete  
Name: KILLIN, SAM  
Address: 112 CASTERS CT.  
City-St-Zip: ST. AUGUSTINE, FL 32080

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

Title: PRES (X) Change ( ) Addition  
Name: STANBERRY, SARAH  
Address: 108 SERENITY BAY BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: TREA (X) Change ( ) Addition  
Name: ADAMS, JOHN  
Address: 4850 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SEC (X) Change ( ) Addition  
Name: FRANTZEN, TANYA  
Address: 101 BAY BRIDGE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32080

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: JUDY S. ALLIGOOD

RA

04/06/2009

Electronic Signature of Signing Officer or Director

Date