## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0700004877  1. Entity Name SERENO HOMEOWNERS ASSOCIATION, INC.									08 APR -		10: 25	
Principal Place of Business 6000 METROWEST BLVD, SUITE 105 ORLANDO, FL 32835				Mailing Address 6000 METROWEST BLVD, SUITE 105 ORLANDO, FL 32835					aluntia Allahas			181 B) (EB)
Principal Place of Business - No P.O. Box # 3.				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				$\dashv$	01042008 <sub>C</sub>	hg-NP	CR2E	037 (12/06)	
City & State			City & State					4. FEI Number			— <del>— — — — — — — — — — — — — — — — — — </del>	olied For Applicable
Zip	Country		Zip	Zip		<u></u>		5. Certificate of S	tatus Desired		\$8.75 Addi Fee Required	
6. Name and Address of Current Regis				red Agent - Name				7. Name and Address of New Registered Agent				
KANTOR, JOSEPH 6000 METROWEST BLVD, SUITE 105 ORLANDO, FL 32835						Street Address (P.O. Box Number is Not Acceptable)						
					City	FL   <sup>z</sup>				L 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												
Filing Fee is \$61.25  Due by May 1, 2008  9. Election Campaig Trust Fund Contrib								\$5.00 May Be Added to Fees			ck payable to artment of St	
10.	OFFICERS AND DIREC					Αl	DDITIONS/CHANG	ES TO OFFICE	RS AND			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	6000 MET	, JOSEPH FROWEST BLVD, SUITI O, FL 32835	☐ Delete		l		m. 4/2			Change	☐ Addition	
TITLE	D			☐ Delete TITL		.E	<del>/-</del>	1			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	6000 ME	, FANNY R TROWEST BLVD, SUITI O, FL 32835	E 105		AE EET ADDRESS Y-ST-ZIP		0470470801009004***200.00					
TITLE	D			☐ Delete	TITE						☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		D, JOHN FROWEST BLVD, SUITI O, FL 32835	E 105			AE EET ADDRESS Y-ST-ZIP						
TITLE				☐ Delete	TITL						☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					STR	EET AOORESS Y-SI-ZIP	<u>.</u>					
TITLE NAME	ļ			Delete	TITE						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					STR	EET ADDRESS Y-ST-ZIP						
TITLE				☐ Delete	TITI	I	_				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					STR	IEET ADDRESS Y-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.												
SIGNAT		( /h	1/1					2	5-21-	08	407 296	4600
SIGIAL	JIVE	SIGNATURE AND TYPED OR P	BIRTED NA	OF SIGNING OFFICER	OR DIREC	CTOR			Date		Daytime Phone #	