

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N23415

1. Entity Name
CERENATH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3726 N. GOLDENROD ROAD, SUITE #2
WINTER PARK, FL 32792**

Mailing Address
**3726 N. GOLDENROD ROAD, SUITE #2
WINTER PARK, FL 32792**



01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2892681

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CERENZIO, DONALD P.
3726 N. GOLDENROD ROAD, SUITE #2
WINTER PARK, FL 32792**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CERENZIO, DONALD P.
STREET ADDRESS	3726 N GOLDENROD RD #2
CITY - ST - ZIP	WINTER PARK, FL
TITLE	D
NAME	WALTERS, LINDA
STREET ADDRESS	3726 N GOLDENROD RD #3
CITY - ST - ZIP	WINTER PARK, FL
TITLE	D
NAME	BERNER, DENNIS, I
STREET ADDRESS	3726 N GOLDENROD RD #1
CITY - ST - ZIP	WINTER PARK, FL
TITLE	D
NAME	HOMRICH, DIANE, M
STREET ADDRESS	3726 N GOLDENROD RD #1
CITY - ST - ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000192721
01/25/05-80031-001 27.87

U000000192721
01/25/05-80031-002 18.22

U000000192721
01/25/05-80031-003 15.15

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/05 407-671-7121 x2