

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

DOCUMENT # N23415

1. Entity Name
CERENATH CONDOMINIUM ASSOCIATION, INC.



06 FEB 20 PH 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2892681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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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 _____ DATE 03/02/06 15.15
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

03/02/06 18.22

10. OFFICERS AND DIRECTORS

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

03/02/06 27.87

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800067322698
03/07/06--01053--025 **18.22

2/3/06

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: _____ 1/20/06 407671-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #