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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29102**

1. Corporation Name
THE SERENOA COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7375 STACY LANE SARASOTA FL 34241 US	7375 STACY LANE SARASOTA FL 34241 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/03/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LEVIN AND TANNENBAUM P.A.
1680 FRUITVILLE RD.
STE. 102
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: Property & Accounting Mgmt., Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 2055 Wood Street
83 Suite 202
84 City: Florida FL 85 Zip Code: 34237

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE 4/2/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	GUYER, BARBARA		1.2 NAME	Thompson, Richard	
STREET ADDRESS	7304 S SERENA		1.3 STREET ADDRESS	7378 Stacey Lane	
CITY-ST-ZIP	SARASOTA FL 34241		1.4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	D	☒ DELETE	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	CHERRY, PAUL		2.2 NAME	Customs, Bruce	
STREET ADDRESS	6625 TAEDA DRIVE		2.3 STREET ADDRESS	6469 Taeda Dr.	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHALFANT, THOMAS		3.2 NAME		
STREET ADDRESS	6438 TAEDA DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARSOTA FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STAMEY, SANDRA W		4.2 NAME		
STREET ADDRESS	7375 STACY LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	TELESCO, VINCENT		5.2 NAME	Telesco, Vincent	
STREET ADDRESS	7368 S. SERENOA DRIVE		5.3 STREET ADDRESS	7368 S. Serenoa Dr.	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	BOOTH, RICHARD		6.2 NAME		
STREET ADDRESS	6433 TAEDA DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/7/99 (941)923-7874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #