

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33354 (4)

1. Corporation Name

SERENITY PLACE III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

960 NW 45TH ST. #B-1
POMPANO BEACH FL 33064

960 NW 45TH ST. #B-1
POMPANO BEACH FL 33064



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 960 N.W. 45th Street		26 960 N.W. 45th Street		07/21/1989		03/22/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 B-3		27 B-3		65-0178228		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Pompano, FL		28 Pompano, FL		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing		Trust Fund Contribution	
24 33064		25 USA		29 33064		30 USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
DIPRIMA, MICHAEL		81 STYPE, ROY		1000 N.W. 45th Street A-6		83 Pompano Beach, FL 33064	
960 NW 45TH ST, B-1		82 1000 N.W. 45th Street A-6		84 City		85 Zip Code	
POMPANO BCH FL 33064		83 Pompano Beach, FL 33064		FL		33064	

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 *[Signature]*

(NOTE: Registered Agent signature required when reappointing)

DATE

2-15-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DIPRIMA, MICHAEL	1.2 NAME	STYPE, ROY
STREET ADDRESS	960 NW 45TH ST #B-1	1.3 STREET ADDRESS	1000 N.W. 45th Street A-6
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	TD	2.1 TITLE	
NAME	MCDONALD, DONNA	2.2 NAME	
STREET ADDRESS	960 NW 45TH ST., B-3	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	GOULET, ANGELINA	3.2 NAME	
STREET ADDRESS	960 NW 45TH ST., #B-6	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	VD
NAME	PELLETIER, CLAUDE	4.2 NAME	PHILIP SANTUCCI
STREET ADDRESS	960 NW 45TH ST #B-2	4.3 STREET ADDRESS	960 N.W. 45th Street B-4
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE		5.1 TITLE	D
NAME		5.2 NAME	JANICE M. RILEY
STREET ADDRESS		5.3 STREET ADDRESS	1000 N.W. 45th Street A-8
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96 (954) 786-2979
Date Day/Time Phone #

CR2E037 (12/95)