


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33354** (4)
1. Corporation Name
SERENITY PLACE III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 960 NW 45TH STREET SUITE B-3 POMPANO FL 33064 US	Mailing Address 960 NW 45TH STREET SUITE B-3 POMPANO FL 33064 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1000 N.W. 45th St. Suite, Apt. #, etc. 22 Apt A-6 23 Pompano Beach, FL 24 33064		2a. Mailing Address 25 1000 N.W. 45th St. Suite, Apt. #, etc. 26 Apt A-6 27 Pompano Beach, FL 28 33064		3. Date Incorporated or Qualified 07/21/1989		3a. Date of Last Report 02/26/1996	
				4. FEI Number 65-0178228		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent STYPE, ROY 1000 NW 45TH STREET A-6 POMPANO BEACH FL 33064		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STYPE, ROY	1.2 NAME	
STREET ADDRESS	1000 NW 45TH STREET A-6	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, DONNA	2.2 NAME	Donna McDonald
STREET ADDRESS	960 NW 45TH ST., B-3	2.3 STREET ADDRESS	960 N.W. 45th St., B-2
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOULET, ANGELINA	3.2 NAME	SD Cockham
STREET ADDRESS	960 NW 45TH ST., #B-6	3.3 STREET ADDRESS	960 N.W. 45th St., B-3
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTUCCI, PHILLIP	4.2 NAME	
STREET ADDRESS	960 NW 45TH STREET SUITE B-4	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, JANICE	5.2 NAME	Janice Riley
STREET ADDRESS	1000 NW 45TH STREET A-8	5.3 STREET ADDRESS	1000 N.W. 45th St., A-8
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	Pompano Beach, FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: _____

SIGNATURE REQUIRED

7-19-97

(954) 946-4055

CR2E037 (4/97)