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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1000 N.W. 45TH ST APT. A-6 POMPANO BEACH FL 33064 US	Mailing Address 1000 N.W. 45TH ST APT. A-6 POMPANO BEACH FL 33064 US
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3. Date Incorporated or Qualified 07/21/1989
4. FEI Number 65-0178228
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	STYPE, ROY
STREET ADDRESS	1000 NW 45TH STREET A-6
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PELLITON, CLAUDE
STREET ADDRESS	980 N.W. 45TH ST, B-2
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	COCKANHAM, JEFF
STREET ADDRESS	980 N.W. 45TH ST, B-3
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SANTUCCI, PHILLIP
STREET ADDRESS	980 NW 45TH STREET SUITE B-4
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	RILEY, JANICE
STREET ADDRESS	1000 N.W. 45TH ST, A-8
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Secretary
1.3 STREET ADDRESS	Kanaw Thavejs
1.4 CITY-ST-ZIP	1000 N.W. 45TH ST. Apt A-1 Pompapo Beach, FL 33064
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Translucen
2.3 STREET ADDRESS	Enicda Holland
2.4 CITY-ST-ZIP	1000 N.W. 45TH ST. Apt A-7 Pompapo Beach, FL 33064
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* Roy P. Stipe President 2-16-98 (954) 944-4255

CR2E037 (10/97)