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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N33354

1. Corporation Name
SERENITY PLACE III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
~~1000 NW 45TH ST~~
~~APT. A-6~~
~~POMPANO BEACH FL 33064~~
~~US~~
960 NW 45th St. B-4

Mailing Address
~~1000 NW 45TH ST~~
~~APT. A-6~~
~~POMPANO BEACH FL 33064~~
~~US~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 960 N.W. 45th St.	26 960 N.W. 45th St.	07/21/1989	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 Apt. B-4	27 Apt. B-4	65-0178228	Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 Pompano Beach, FL	28 Pompano Beach, FL		
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 33064 25 USA	29 33064 30 USA		

9. Name and Address of Current Registered Agent

~~STYPE, ROY~~
~~1000 NW 45TH STREET A-6~~
~~POMPANO BEACH FL 33064~~
~~Philip J. Santucci~~
~~960 NW 45th St. B4~~
~~Pompano FL~~
~~33064~~

10. Name and Address of New Registered Agent

81 Name: Philip J. SANTucci
82 Street Address (P.O. Box Number is Not Acceptable): 960 N.W. 45th St. Apt B-4
83
84 City: Pompano Beach FL 85 Zip Code: 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: Philip Santucci, Pres. DATE: 3-21-99
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	PD	☑ DELETE	1.1 TITLE PD	PHILIP J. SANTUCCI	☑ Change ☐ Addition
NAME	STYPE, ROY		1.2 NAME		
STREET ADDRESS	1000 NW 45TH STREET A-6		1.3 STREET ADDRESS	960 NW 45th St. B4	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	Pompano Bch, Fla. 33064	
TITLE	D	☑ DELETE	2.1 TITLE VD		☐ Change ☑ Addition
NAME	PELLITICN, CLAUDE		2.2 NAME	Ben WRIGHT	
STREET ADDRESS	960 N.W. 45TH ST, B-2		2.3 STREET ADDRESS	960 NW 45th St. H B8	
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	Pompano H. 33064	
TITLE	T	☑ DELETE	3.1 TITLE T		☐ Change ☑ Addition
NAME	HOLLAND, FNIEDA		3.2 NAME	Alice PeLLeTier	
STREET ADDRESS	1000 N.W. 45TH ST APT. A-7		3.3 STREET ADDRESS	960 NW 45th St. B2	
CITY-ST-ZIP	POMPANO BEACH FL 33064		3.4. CITY-ST-ZIP	Pompano H. 33064	
TITLE	VD	☐ DELETE	4.1 TITLE D		☐ Change ☑ Addition
NAME	SANTUCCI, PHILLIP		4. 2 NAME	Betty Kelly	
STREET ADDRESS	960 NW 45TH STREET SUTE B-4		4.3 STREET ADDRESS	960 NW 45th St B1	
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	Pompano H. 33064	
TITLE	S	☐ DELETE	5.1 TITLE S		☐ Change ☑ Addition
NAME	TRAVAIS, KAREN		5.2 NAME	TRAVeis, KAREN	
STREET ADDRESS	1000 N.W. 45TH ST A-1		5.3 STREET ADDRESS	1000 NW 45th St A-1	
CITY-ST-ZIP	POMPANO BEACH FL 33064		5.4 CITY-ST-ZIP	Pompano H. 33064	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Philip Santucci, pres. 3/21/99 954-946-9952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #