


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90175 009 ****61.25

DOCUMENT # N33354	
1. Entity Name SERENITY PLACE III CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1000 NW 45TH ST APT A5 DEERFIELD BEACH, FL 33064 US	Mailing Address 1000 NW 45TH ST APT A5 DEERFIELD BEACH, FL 33064 US
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2. Principal Place of Business - No P.O. Box # 1000 NW 45th St.	3. Mailing Address 16105 88th RD. N.
Suite, Apt. #, etc. A-4	Suite, Apt. #, etc.
City & State DEERFIELD BEACH, FL	City & State LOXAHATCHEE, FL
Zip 33064	Zip 33470
Country USA	Country USA



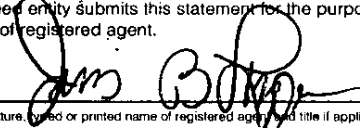
03302007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0178228	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAYDEN, JAMES 1000 NW 45TH ST APT A-4 DEERFIELD BEACH, FL 33064
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

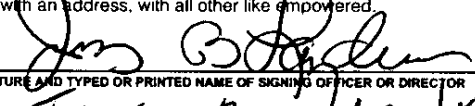
SIGNATURE  JAMES M. LAYDEN 4/1/07
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007 <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAYDEN, JAMES 1000 NW 45TH ST A-4 DEERFIELD BEACH, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PELLATIER, CLAUDE 960 NW 45TH ST B-2 DEERFIELD BEACH, FL 33064 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRAUN, DEBRA 1000 NW 45TH ST A2 DEERFIELD BEACH, FL 33064 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAUN, DEBRA 1000 NW 45TH ST A2 DEERFIELD BEACH, FL 33064 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPULE, ALLEN 1000 NW 45TH ST A-8 DEERFIELD BEACH, FL 33064 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUN, RICHARD 1000 NW 45TH ST A2 DEERFIELD BEACH, FL 33064 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMART, JIM 246 NW 87th TERRACE CORAL SPRINGS, FL, 33071 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOULET, DANIEL 16105 88th RD. N. LOXAHATCHEE, FL, 33470 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOULET, DANIEL 16105 88th RD. N. LOXAHATCHEE, FL, 33470-2845 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAPULE, ALLEN 8918 WOODGROVE RIDGE TR. BOYNTON BEACH, FL, 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKYRIA, GOUVEA 1000 NW 45th St. A-2 DEERFIELD BEACH, FL, 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  JAMES M. LAYDEN 4/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #