

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

01-13-2003 90063 046 ****61.25

DOCUMENT # N33354

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



Principal Place of Business
**960 NW 45TH ST
APT B-4
POMPANO BEACH FL 33064
US**

OK

Mailing Address
**960 NW 45TH ST
APT B-4
POMPANO BEACH FL 33064
US**

55004919



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0178228**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SANTUCCI, PHILIP J
960 NW 45TH ST
APT B-4
POMPANO BEACH FL 33064**

OK

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

Philip Santucci Pres.

1-30-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANTUCCI, PHILIP J	
STREET ADDRESS	960 NW 45TH ST B4	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WRIGHT, BEN	
STREET ADDRESS	960 NW 45TH ST B8	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	Director	<input type="checkbox"/> Delete
NAME	PENETIER, ALICE	
STREET ADDRESS	960 NW 45TH ST B2	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	KELLY, BETTY	
STREET ADDRESS	960 NW 45TH ST B1	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	TRAVIS, KAREN	
STREET ADDRESS	1000 NW 45TH ST A-1	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, CAPULE
STREET ADDRESS	1000 NW 45TH ST A-5
CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA OLIVARES
STREET ADDRESS	1000 NW 45TH ST A-6
CITY-ST-ZIP	POMPANO, FL 33064
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Santucci Pres.

Date

1-8-03

Daytime Phone #

934469512

CR2E037 (10/02)