


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N39226  
 1. Entity Name  
 SERENITY PLACE I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
 1470 SW 19 AVENUE      1470 SW 19 AVENUE  
 FT LAUDERDALE, FL 33312      FT LAUDERDALE, FL 33312

**DO NOT WRITE IN THIS SPACE**



01142006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
 65-0205690      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MCCLAIN, GARY  
 1470 SW 19 AVENUE  
 FT LAUDERDALE, FL 33312

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

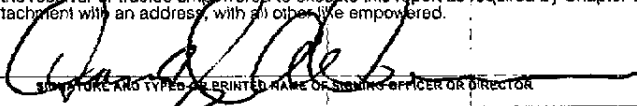
U00000424085  
 02/18/06-80024-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DROWN, DONALD A
STREET ADDRESS	4310 CRYSTAL LAKE DR #B-5
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	SD
NAME	MADDOX, MIKE
STREET ADDRESS	1200 HOLLAND DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	MAYER, CAROL
STREET ADDRESS	4320 CRYSTAL LAKE DR #A-4
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 life empowered.

SIGNATURE:       Date: 2/02/06      Day/Time Phone # \_\_\_\_\_