

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 09 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 # N95000002144 (2)

1. Corporation Name

SERENDIPITY ROC, INC.

Principal Place of Business

Mailing Address

29081 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34621

29081 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34621

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 33761

29 33761

9. Name and Address of Current Registered Agent

BERNSTEIN, DAVID S ESQ.
150 SECOND AVENUE NORTH
SUITE 1700
ST. PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/04/1995

4. FEI Number

59-3314973

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	BRIDE, WILLIAM M	
STREET ADDRESS	29081 US HWY 19N LOT 137	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	TO	<input checked="" type="checkbox"/> DELETE
NAME	SCHOONMAKER, MARSHALL D.	
STREET ADDRESS	29081 US HWY 19N LOT 330	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWSON TOM	
STREET ADDRESS	29081 US HWY 19N LOT 330	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	FINNOCUM, BARBARA J	
STREET ADDRESS	29081 US HWY 19N LOT 137	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	PORTEOUS DON	
STREET ADDRESS	29081 US HWY 19N LOT 172	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPEAK, ALLEN P	
STREET ADDRESS	29081 US HWY 19N LOT 137	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD Fred Kruger
2.3 STREET ADDRESS	29081 US Hwy 19N Lot 351
2.4 CITY-ST-ZIP	Clearwater, FL 33761

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Ruth White
6.3 STREET ADDRESS	29081 US 19N Lot 217
6.4 CITY-ST-ZIP	Clearwater, FL 33761

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: William M. Bride 6/30/98 813 789-2675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)