

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90034 033 ****70.00

DOCUMENT # N95000002144

1. Entity Name
SERENDIPITY ROC, INC.



Principal Place of Business
**MOBILE HOME PARK
29081 U.S. HWY. 19 NORTH, STE. 400
CLEARWATER, FL 33761 US**

Mailing Address
**MOBILE HOME PARK
29081 U.S. HWY. 19 NORTH, STE. 400
CLEARWATER, FL 33761 US**

94031768



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3314973

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDUGALL, JOHN
29081 U.S. HWY. 19 NORTH, LOT #342
CLEARWATER, FL 33761**

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

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, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	MCDUGALL, JOHN	
CITY-ST-ZIP	29081 U.S. HWY. 19 NORTH, LOT #342 CLEARWATER, FL 33761	
TITLE NAME	S	<input type="checkbox"/> Delete
STREET ADDRESS	FINNICUM, BARBARA	
CITY-ST-ZIP	29081 U.S. HWY. 19 NORTH, LOT #220 CLEARWATER, FL 33761	
TITLE NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	CARSON, KENNETH	
CITY-ST-ZIP	29081 U.S. HWY. 19 NORTH, LOT #249 CLEARWATER, FL 33761	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	SAUNDERS, ANNAMAY	
CITY-ST-ZIP	29081 U.S. HWY. 19 NORTH, LOT #243 CLEARWATER, FL 33761	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	NEWBERRY, VICTOR	
CITY-ST-ZIP	29081 U.S. HWY. 19 NORTH, LOT #263 CLEARWATER, FL 33761	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	MELZER, DON	
CITY-ST-ZIP	29081 US HWY 19N LOT 265 CLEARWATER, FL 33761	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Carol Ann Hogan	
CITY-ST-ZIP	29081 US Hwy. 19 N, Lot 252 Clearwater, FL 33761	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Barbara Finnicum	
CITY-ST-ZIP	29081 US Hwy. 19 N, Lot 220 Clearwater, FL 33761	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Kit Carson

Kit CARSON 2-24-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #