


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE

02232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3314973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCDOUGALL, JOHN 29081 U.S. HWY. 19 NORTH, LOT #342 CLEARWATER, FL 33761
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDOUGALL, JOHN 29081 U.S. HWY. 19 NORTH, LOT #342 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOGAN, CAROL ANN 29081 U.S. HWY. 19 N, LOT 252 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARSON, KENNETH 29081 U.S. HWY. 19 NORTH, LOT #249 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, ANNAMAY 29081 U.S. HWY. 19 NORTH, LOT #243 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINNICUM, BARBARA 29081 U.S. HWY. 19 N, LOT 220 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELZER, DON 29081 U.S. HWY 19N LOT 265 CLEARWATER, FL 33761

<p>0000000315554 04/19/05-80040-014 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 2-28-2005 727-784-2675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #