

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

1 of 2

<b>DOCUMENT # N95000002144</b>						<b>FILED</b> 05 AUG 15 PM 3:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
<b>1. Entity Name</b> SERENDIPITY ROC, INC.									
<b>Principal Place of Business</b> MOBILE HOME PARK 29081 U.S. HWY. 19 NORTH, STE. 400 CLEARWATER, FL 33761 US		<b>Mailing Address</b> MOBILE HOME PARK 29081 U.S. HWY. 19 NORTH, STE. 400 CLEARWATER, FL 33761 US							
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip		Country		08112005 Chg-NP CR2E037 (10/03)		<b>4. FEI Number</b> 59-3314973		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b>		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b> MCDUGALL, JOHN 29081 U.S. HWY. 19 NORTH, LOT #342 CLEARWATER, FL 33761				<b>7. Name and Address of New Registered Agent</b> Name <u>Kenneth Carson</u> Street Address (P.O. Box Number is Not Acceptable) <u>29081 US HWY 19N Lot #249</u> City <u>Clearwater</u> FL <u>33761</u> Zip Code					
<b>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.</b> SIGNATURE <u>K. Carson</u> <u>Kenneth Carson (President)</u> 8-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> P <b>NAME</b> MCDUGALL, JOHN <b>STREET ADDRESS</b> 29081 U.S. HWY. 19 NORTH, LOT #342 <b>CITY-ST-ZIP</b> CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> S <b>NAME</b> Linda Taylor <b>STREET ADDRESS</b> 29081 US HWY 19N Lot 118 <b>CITY-ST-ZIP</b> Clearwater, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> S <b>NAME</b> HOGAN, CAROL ANN <b>STREET ADDRESS</b> 29081 US HWY. 19 N, LOT 252 <b>CITY-ST-ZIP</b> CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> D <b>NAME</b> Charlene Hall <b>STREET ADDRESS</b> 29081 US HWY 19N Lot 347 <b>CITY-ST-ZIP</b> Clearwater, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> T <b>NAME</b> CARSON, KENNETH <b>STREET ADDRESS</b> 29081 U.S. HWY. 19 NORTH, LOT #249 <b>CITY-ST-ZIP</b> CLEARWATER, FL 33761	<input type="checkbox"/> Delete			<b>TITLE</b> P <b>NAME</b> Carson, Kenneth <b>STREET ADDRESS</b> 29081 US HWY 19N Lot #249 <b>CITY-ST-ZIP</b> Clearwater, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> SAUNDERS, ANNAMAY <b>STREET ADDRESS</b> 29081 U.S. HWY. 19 NORTH, LOT #243 <b>CITY-ST-ZIP</b> CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> T <b>NAME</b> Harry Robertson <b>STREET ADDRESS</b> 29081 US HWY 19N Lot 325 <b>CITY-ST-ZIP</b> Clearwater, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> FINNICUM, BARBARA <b>STREET ADDRESS</b> 29081 US HWY. 19 N, LOT 220 <b>CITY-ST-ZIP</b> CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> D <b>NAME</b> Robert Clinefelter <b>STREET ADDRESS</b> 29081 US HWY 19N Lot 63 <b>CITY-ST-ZIP</b> Clearwater, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> MELZER, DON <b>STREET ADDRESS</b> 29081 US HWY 19N LOT 265 <b>CITY-ST-ZIP</b> CLEARWATER, FL 33761	<input type="checkbox"/> Delete			<b>TITLE</b> D <b>NAME</b> Kenneth Tripp <b>STREET ADDRESS</b> 29081 US HWY 19N Lot 392 <b>CITY-ST-ZIP</b> Clearwater, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>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.</b>									
<b>SIGNATURE:</b> <u>K. Carson</u> <u>Kenneth Carson (P)</u> 8-11-05 727-785-7862 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>					

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Neil Thomas 29081 US HWY 19N Lot 24A Clearwater, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_