
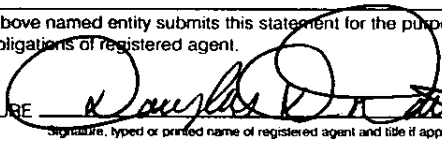
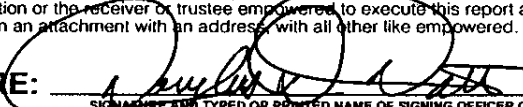


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90058 036 \*\*\*\*61.25

<b>DOCUMENT # N98000001819</b> 1. Entity Name <b>SERENOA LAKES COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>505 SIMMONS AVE SARASOTA, FL 34232</b>			Mailing Address <b>505 SIMMONS AVE SARASOTA, FL 34232</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0835769</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TAYLOR, C SCOTT 7458 SHAUNA CT SARASOTA, FL 34241</b>				7. Name and Address of New Registered Agent Name <b>WATTS, DOUG</b> Street Address (P.O. Box Number is Not Acceptable) <b>5828 ARECA BLVD</b> City <b>SARASOTA</b> <b>FL</b> <b>34241</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.					
SIGNATURE  <b>Douglas D. Watts</b> <b>2/14/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PTD MURPHY, JEAN <input checked="" type="checkbox"/> Delete 6792 ARECA BLVD SARASOTA, FL 34241		TITLE NAME STREET ADDRESS CITY-ST- ZIP	PTD LUTHY, BILL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7473 ROEBELENII CT SARASOTA, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD ANDERSON, DAVID <input checked="" type="checkbox"/> Delete 7423 PAUROTIS CT SARASOTA, FL 34241		TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD McSWAIN, DON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7431 ROEBELENII CT SARASOTA, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SAT MURGOLO, PATTY <input type="checkbox"/> Delete 6804 ARECA BLVD SARASOTA, FL 34241		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD TAYLOR, C SCOTT <input checked="" type="checkbox"/> Delete 7456 SHAUNA CT SARASOTA, FL 34241		TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD WATTS, DOUG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5828 ARECA BLVD SARASOTA, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	AT JARED, DEANNA <input type="checkbox"/> Delete 505 SIMMONS AVE SARASOTA, FL 34232		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE:  <b>Douglas D. Watts</b> <b>2/14/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40020303



02012007 Chg-NP CR2E037 (12/06)