2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N98000001819

Entity Name: SERENOA LAKES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

505 SIMMONS AVE
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

505 SIMMONS AVE
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-0835769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATTS, DOUG
6828 ARECA BLVD
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: LUTHY, BILL
Address: 7473 ROEBELENII CT
City-St-Zip: SARASOTA, FL 34241

Title: VD ( ) Delete
Name: ABBPT, PETER J
Address: 7449 SHAUNA CT
City-St-Zip: SARASOTA, FL 34241

Title: SAT ( ) Delete
Name: MURGOLO, PATTY
Address: 6804 ARECA BLVD
City-St-Zip: SARASOTA, FL 34241

Title: TD ( ) Delete
Name: WATTS, DOUG
Address: 5828 ARECA BLVD
City-St-Zip: SARASOTA, FL 34241

Title: AT ( ) Delete
Name: JARED, DEANNA
Address: 505 SIMMONS AVE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEANNA JARED AT 01/09/2009

Electronic Signature of Signing Officer or Director — Date