

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005093

Entity Name: SERENO POINTE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**928 E. NEW HAVEN AVE.
MELBOURNE, FL 32901**Current Mailing Address:**C/O SCPM
928 E. NEW HAVEN AVE.
MELBOURNE, FL 32901 US**FEI Number: 26-2184319****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARRS, CYNTHIA
C/O SCPM
928 E. NEW HAVEN AVE.
MELBOURNE, FL 32901 US*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**Officer/Director Detail :**

Title	PRES
Name	DUNHAM, LARRY A.
Address	C/O SCPM 928 E. NEW HAVEN AVE.
City-State-Zip:	MELBOURNE FL 32901

Title	DAL
Name	WARNER, AMELIA
Address	C/O SCPM 928 E. NEW HAVEN AVE.
City-State-Zip:	MELBOURNE FL 32901

Title	VP
Name	DILLOW, BOB
Address	C/O SCPM 928 E. NEW HAVEN AVE.
City-State-Zip:	MELBOURNE FL 32901

Title	TREASURER
Name	WERPY, JIM
Address	C/O SCPM 928 E. NEW HAVEN AVE.
City-State-Zip:	MELBOURNE FL 32901

Title	SECRETARY
Name	MONTGOMERY, ELIZA
Address	C/O SCPM 928 E. NEW HAVEN AVE.
City-State-Zip:	MELBOURNE FL 32901

I hereby 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 all other like empowered.

SIGNATURE: JIM WERPY**TREASURER****03/29/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date