

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000435

Entity Name: SERENO OF HILLSBOROUGH COUNTY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1631 EAST VINE STREET - STE. #300
KISSIMMEE, FL 34744**Current Mailing Address:**1631 EAST VINE STREET - STE. #300
KISSIMMEE, FL 34744**FEI Number: 47-3081806****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DANN, LORI
1631 EAST VINE STREET - STE. #300
KISSIMMEE, FL 34744 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: LORI DANN****02/09/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	RYAN, JOHN M
Address	2502 N. ROCKY POINT DRIVE, SUITE 1050
City-State-Zip:	TAMPA FL 33607

Title	SECRETARY
Name	LAWSON, MICHAEL S
Address	2502 N. ROCKY POINT DRIVE, SUITE 1050
City-State-Zip:	TAMPA FL 33607

Title	TREASURER
Name	PARSONS, LAUREN
Address	2502 N. ROCKY POINT DRIVE, SUITE 1050
City-State-Zip:	TAMPA FL 33607

Title	TRUSTEE
Name	PRICE, LORI
Address	2502 N. ROCKY POINT DRIVE, SUITE 1050
City-State-Zip:	TAMPA FL 33607

Title	TRUSTEE
Name	WILLIAMS, PETE
Address	2502 N. ROCKY POINT DRIVE, SUITE 1050
City-State-Zip:	TAMPA FL 33607

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: MICHAEL LAWSON**SECRETARY****02/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date