2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N95000002144

Entity Name: SERENDIPITY ROC, INC.

Current Principal Place of Business:

MOBILE HOME PARK

29081 U.S. HWY. 19 NORTH, STE. 400

CLEARWATER, FL 33761

Current Mailing Address:

MOBILE HOME PARK 29081 U.S. HWY. 19 NORTH, STE. 400 CLEARWATER, FL 33761 US

FEI Number: 59-3314973 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCNAUGHTON, JOHN 29081 U.S. HWY. 19 NORTH, LOT #400 CLEARWATER, FL 33761 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: JOHN MCNAUGHTON 10/16/2017

Electronic Signature of Registered Agent Date

FILED Oct 16, 2017

Secretary of State CC8582703760

Officer/Director Detail:

Title P Title TREASURER

Name LANTIEGNE, BERNARD J Name HOGAN, TERRENCE

Address 29081 US HWY 19N LOT 354 Address 29081 US HIGHWAY 19 NORTH #386

City-State-Zip: CLEARWATER FL 33761

City-State-Zip: CLEARWATER A FL 33761

Title S

Title VP
Name TAYLOR, LINDA

Name MACE, DANNY R
Address 29081 US HWY 19 NORTH LOT118

Address 29081 U.S. HIGHWAY 19 NORTH LOT

City-State-Zip: CLEARWATER FL 33761

City-State-Zip: CLEARWATER, FL 33761
Title DIRECTOR

Name STANLEY, LAWRENCE Title DIRECTOR

Address MOBILE HOME PARK Name HALL, ROBERT

29081 U.S. HWY. 19 NORTH, STE. 400 Address MOBILE HOME PARK

29081 U.S. HWY. 19 NORTH, STE. 400

City-State-Zip: CLEARWATER FL 33761

City-State-Zip: CLEARWATER FL 33761
Title DIRECTOR

Name WRIGHT, JAMES Title DIRECTOR

Address MOBILE HOME PARK Name HALL, NANCY

29081 U.S. HWY. 19 NORTH, STE. 400 Address MOBILE HOME PARK

29081 U.S. HWY. 19 NORTH, STE. 400 City-State-Zip: CLEARWATER FL 33761

City-State-Zip: CLEARWATER FL 33761

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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: BERNARD LANTIEGNE PRES 10/16/2017

Officer/Director Detail Continued:

Title DIRECTOR

Name COPPO, ROBERT

Address MOBILE HOME PARK

29081 U.S. HWY. 19 NORTH, STE. 400

City-State-Zip: CLEARWATER FL 33761