

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham,  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 712387 (0)**

1. Corporation Name

**LA RENAISSANCE NO. 1, CONDOMINIUM, INC.**



Principal Place of Business

Mailing Address

3230 S. OCEAN BLVD.  
PALM BCH. FL 33480

3230 S. OCEAN BLVD.  
PALM BCH. FL 33480

3. Date Incorporated or Qualified  
**03/10/1967**

3a. Date of Last Report  
**03/23/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

**59-1228484**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**ST. JOHN, DAVID  
500 AUSTRALIAN AVE., SOUTH, SUITE 600  
W PALM BEACH FL 33401**

81 Name

**Peter C. Mollengarden, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)

**Clearlake Plaza**

83

**500 Australian Avenue South**

84 City

**West Palm Beach, FL**

85 Zip

**33401**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title, if applicable

**PETER MOLLENGARDEN**

(NOTE: Registered Agent signature required when re-registering)

**2/25/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  DELETE

NAME **POKROP, F.**  
STREET ADDRESS **3230 S OCEAN BLVD**  
CITY-ST-ZIP **PALM BEACH FL**

TITLE **SD**  DELETE

NAME **DETERLIZZI, M.**  
STREET ADDRESS **3230 S. OCEAN BLVD.**  
CITY-ST-ZIP **PALM BEACH FL**

TITLE **TD**  DELETE

NAME **THOMAS, T.**  
STREET ADDRESS **3230 S. OCEAN BLVD.**  
CITY-ST-ZIP **PALM BEACH FL**

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V.Pres. D**  Change  Addition

1.2 NAME **Joseph Guerney**  
1.3 STREET ADDRESS **3230 South Ocean Blvd**  
1.4 CITY-ST-ZIP **Palm Beach, FL. 33480**

2.1 TITLE **Sec. D**  Change  Addition

2.2 NAME **Joyce Guerney**  
2.3 STREET ADDRESS **3230 South Ocean Blvd.**  
2.4 CITY-ST-ZIP **Palm Beach FL. 33480**

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME **500001755155**  
5.3 STREET ADDRESS **-03/22/96--01111--037**  
5.4 CITY-ST-ZIP **\*\*\*61.25**

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**3-22-96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Frances O. Pokrop**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**407-588-4203**

Daytime Phone #

CR2E037 (12/95)