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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u> 1998</u>

DOCUMENT #

712387

(0)

FILED
Mar 09 1998 8:00am
Secretary of State

LA RENAISSANCE NO. 1, CONDOMINIUM, INC.									
Principal Place of I	Business	Malling Address			·-····································	- I ISBAIN CORDE AND AND AND HAND HAND COME.	OMPTA DIEN BILLIT	INDIA MIRAT MIMIT HODE	
3230 S. OCEAN BLVD. PALM BCH. FL 33480		3230 S. OCEAN BLVD. PALM BCH. FL 33480		3. Date Incorporated or Qualified 03/10/1967 4. FEI Number		Applied For			
2. Principal Place	of Business	2a. Mailing Address			·	59-1228484 5. Certificate of Status Desired	¬ \$8.	Not Applicable 75 Additional	
1		26			·	5. Certificate of Status Desired		ee Required	
Suite, Apt. #, etc.		Sulte, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees	
City & State		City & State				7. Is this nonprofit corporation a homeowners association? Yes No			
Zip 4				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
MOLLENGARDEN, PETER C CLEARLAKE PLAZA				81 82 83	Name Street Addre	ress (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33401			84	City		FL 85	Zip Code		
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 little if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE									
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIREC	CTORS IN 12	

DELETE TITLE 1.1 TITLE Change Addition POKROP, F 1.2 NAME 3230 S OCEAN BLVD STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE SD Change Addition 2.1 TITLE **GUERNEY, JOYCE** NAME 2.2 NAME 3230 SOUTH OCEAN BLVD STREET ADDRESS 2.3 STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ☐ AddItion THOMAS, T NAME 3.2 NAME 3230 S. OCEAN BLVD. STREET ADDRESS 3.3 STREET ADDRESS PALM BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE **Change** TITLE 4.1 TITLE Addition NAME **GUERNEY, JOSEPH** 4. 2 NAME 3230 SOUTH OCEAN BLVD STREET ADDRESS 4.3 STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE MANNA HAMILTON NAME 5.2 NAME 3230 SOUTH OCKAN BLVD STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

6.4 CITY-ST-ZIP

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JRZE037 (10/97)