

**FILED**  
**Jun 30, 1999 8:00 am**  
**Secretary of State**

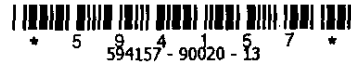
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**CORPORATION ANNUAL REPORT 1999**

**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** 712387  
 1. Corporation Name  
 La Renaissance No. 1, Condominium, Inc.

Principal Place of Business Mailing Address  
 3230 S. Ocean Blvd  
 Palm Beach Fl 33480



2. Principal Place of Business 21 3230 S. ocean	2a. Mailing Address 26	3. Date Incorporated or Qualified March 7, 1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 591228484
City & State 23 Palm Beach Fl	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33480	Country 29 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent Law Firm of Beckers Pollock Peter mollen garden 500 Australian Ave West Palm Beach Fl 33401	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

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 Maria Hamilton DATE 6/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Maureen Sapko <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Assistant Secretary Gerald Moss <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3230 S. ocean #611 Palm Beach Fl 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Guernsey - President <input type="checkbox"/> DELETE 3230 S. Ocean Blvd #409 Palm Beach Fl 33480	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Director George Peterson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3230 S. ocean Blvd #506 Palm Beach Fl 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Marie Hamilton <input type="checkbox"/> DELETE 3230 S. ocean Blvd #411 Palm Beach Fl 33480	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Director Raymond T Lewis <input type="checkbox"/> Change <input type="checkbox"/> Addition 3230 S. ocean #311 Palm Beach Fl 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Tracee Thomas <input type="checkbox"/> DELETE 3230 S. ocean Blvd #307 Palm Beach Fl 33480	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Director Eugene Homan <input type="checkbox"/> Change <input type="checkbox"/> Addition 3230 S. ocean Blvd #312 Palm Beach Fl 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joy Guernsey <input type="checkbox"/> DELETE 3230 S. ocean Blvd #4109 Palm Beach Fl 33480	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director Inaret Bonen <input type="checkbox"/> Change <input type="checkbox"/> Addition 3230 S. ocean Blvd Palm Beach Fl 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director George Peterson <input type="checkbox"/> DELETE 3230 S. ocean Blvd #606 Palm Beach Fl 33480	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Maria Hamilton DATE: 6/29/99 DAYTIME PHONE #: 588-4203