

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712387

1. Entity Name

LA RENAISSANCE NO. 1, CONDOMINIUM, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90043 036 ****61.25

Principal Place of Business

Mailing Address

3230 S. OCEAN BLVD.
 PALM BCH. FL 33480

3230 S. OCEAN BLVD.
 PALM BCH. FL 33480-5631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1228484

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAW FIRM OF BECKERG & POLIOKOFF
 PETER MOLLENGARDEN
 500 AUSTRALIAN AVE
 WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MOSS, GERALD	
STREET ADDRESS	3230 S OCEAN #611	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, GEORGE	
STREET ADDRESS	3230 S OCEAN BLVD #606	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, RAYMOND T	
STREET ADDRESS	3230 S OCEAN #311	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOMES, EUGENE	
STREET ADDRESS	3230 S OCEAN BLVD #312	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONAN, MARGRET	
STREET ADDRESS	3230 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUERNEY, JOY	
STREET ADDRESS	3230 S OCEAN BLVD #409	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRY POKROP	
STREET ADDRESS	3230 S. OCEAN #305	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUERNEY, JOSEPH	
STREET ADDRESS	3230 S. OCEAN #409	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, TRAIKA	
STREET ADDRESS	3230 S. OCEAN BLVD #307	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMAN, EUGENE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, MARIA	
STREET ADDRESS	3230 S. OCEAN BLVD #410	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph M. Guernsey	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-588-4203

CR2E037 (9/99)