

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90065 002 ****61.25

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DOCUMENT # N00000006899 1. Entity Name RENAISSANCE I ASSOCIATION, INC.					
Principal Place of Business 750 N TAMIAMI TRAIL SARASOTA, FL 34236			Mailing Address 750 N TAMIAMI TRAIL SARASOTA, FL 34236		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3677731	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGERS, PATRICIA J 750 N TAMIAMI TRAIL SARASOTA, FL 34236				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUBECK, ANN 750 N TAMIAMI TRAIL SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUBECK, CHARLES 750 N. TAMIAMI TR. SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIBELLO, RICHARD 750 N TAMIAMI TRAIL SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN DUYN, BRUCE 750 N. TAMIAMI TR. SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, LESLIE A 750 N TAMIAMI TRAIL SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NERTHLING, ROBERT 750 N. TAMIAMI TR. SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAGNER, REGINA 750 N. TAMIAMI TR. SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME 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: <u>Bruce Van Duyn</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			BRUCE VANDUYNE 1/6/04 Date Daytime Phone #		