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RENAISSANCE I ASSOCIATION, INC.				03 JAN 10 PH 4: 21			
				03 244 10 (11 4- 5)			
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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Principal Place of Business 3. Mailing Address							
750 N. TaMIAMI Trail Suite, Apt. #, etc.	750 N. TAMIA Suite, Apt. #, etc.	MI Trail		DO NO	TWRITE IN TH	IIS SPACE	
City & State	City & State			El Number		⊢	Applied For
Sarasota, FI, Country	Sarasota, F	Country		59-3677731 Certificate of Status Des	ired 🔲	\$8.75 A Fee Requi	
34236 USA 6. Name and Address of Current	34236 Registered Agent	USA	7. N	lame and Address of I	New Registere		
•		Street A 750	ddress (P.O. B N. Tam	I- Rogers ox Number is Not Acce niami Trail	F	L 3423	
1 / 1	7 / 1	_		ent, or both, in the State	of Florida.		
1 / 1	And title if applicable. (NOTE FILE NOW! After MAY 1, 20	Erry M9K Refistered Agent signati	ure required when re	_	DATE gn Financing		00 May Be
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	and tale if applicable. PROPER (NOTE FILE NOW! After MAY 1, 20 Make Check Payab	Erry M9K Refistered Agent signati	ure required when re	instating) 10. Election Campai	gn Financing	\$5Add	00 May Be ged to Fees
SIGNATURE Signature, typed or printed name registered agent 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND TITLE NAME STREET ADDRESS	and tale if applicable. PROPER (NOTE FILE NOW! After MAY 1, 20 Make Check Payab	Project Agent Signate Project Agent Ag	pre required when re	10. Election Campai Trust Fund Contr DITIONS/CHANGES TO DECK Tamiami T	gn Financing jbution.	\$5Add	00 May Be ed to Fees
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9. This corporation is eligible to satisfy its Intangible Tax fijing requirement and elects to do so. (See criteria on back)	PROPER (NOTE PR	E: Re Jistered Agent signature. II FEE IS \$150. O1 Fee will be \$3. It to Department 12. 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	PPasi Ann Bu 750 N. Sarase S/TP Richar 750 N. Sarase VP Leslie 750 N.	10. Election Campai Trust Fund Control DITIONS/CHANGES TO Abeck Tamiami Tota, FL 34 Ann Brown Tamiami T	gn Financing jbution	\$5. Add ND DIRECTO Change	OO May Be ed to Fees RS IN 11 Addition Addition
SIGNATURE Signature, typed or printed name registered agen 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FILE NOW! After MAY 1, 20 Make Check Payab Delete Delete	E: Re-Jistered Agent signate II FEE IS \$150. O1 Fee will be \$5 Ite to Department 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P Past Ann Bu 750 N. Sarase S/T P Richar 750 N. Sarase V D Leslie 750 N. Saraso	10. Election Campai Trust Fund Control DITIONS/CHANGES TO Abeck Tamiami Tota, FL 34 Ann Brown Tamiami T	gn Financing jbution. O OFFICERS A T. 236 T. 4236	\$5. Add ND DIRECTO Change Change	OO May Be ed to Fees RS IN 11 Addition Addition Addition Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03(941)957

Date