

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90179 020 \*\*\*\*61.25

**DOCUMENT # N02000002831**

1. Entity Name  
**RENAISSANCE VILLAGE ASSOCIATION, INC.**



Principal Place of Business  
 777 E. ATLANTIC AVE  
 SUITE Z, BOX 371  
 DELRAY BEACH, FL 33483 US

Mailing Address  
 777 E. ATLANTIC AVE  
 SUITE Z, BOX 371  
 DELRAY BEACH, FL 33483 US

2. Principal Place of Business  
*100 East Linton Blvd*

3. Mailing Address  
*100 East Linton Blvd.*

Suite, Apt. #, etc.  
*Suite 205A*

Suite, Apt. #, etc.  
*Suite 205A*

City & State  
*Delray Beach FL*

City & State  
*Delray Beach FL*

Zip  
*33483*

Country  
*USA*

Zip  
*33483*

Country  
*USA*



02012005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 04-3647587

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CYR, JOHN**  
 1020 MIRAMAR DR.  
 DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name - *James O'Brien*

Street Address (P.O. Box Number is Not Acceptable)  
*100 E. Linton Blvd Suite 205A*

City *Delray Beach* FL Zip Code *33483*

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 *James O'Brien* DATE *02/01/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2005

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUSSBERG, ALLAN 777 E. ATLANTIC AVE, SUITE Z BOX 371 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WOBERSER, JASON 777 E. ATLANTIC AVE, SUITE Z BOX 371 DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CRAWFORD, JASON 777 E. ATLANTIC AVE, SUITE Z BOX 371 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sussberg, Allan 100 E. Linton Blvd. DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Smith, Robert 100 E Linton Blvd DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CRAWFORD, JASON 100 E. Linton Blvd DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James O'Brien*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #