
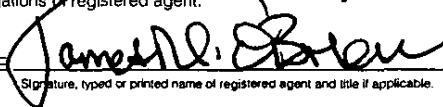
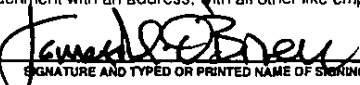


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 Suite, Apt. #, etc. Suite 205A City & State Delray Beach FL Zip 33483 Country USA			3. Mailing Address 100 East Linton Blvd. Suite, Apt. #, etc. Suite 205A City & State Delray Beach FL Zip 33483 Country USA		
4. FEI Number 04-3647587			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			02012005 Chg-NP CR2E037 (10/03)		
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  DATE 02/01/05 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	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	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 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	D 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 777 E. ATLANTIC AVE, SUITE Z BOX 371 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					