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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:48

DOCUMENT # **N41525** (9)

1. Corporation Name

**RENAISSANCE BY LAKE IVANHOE HOMEOWNERS ASSOCIATI
ON, INC.**

Principal Place of Business Mailing Address
**1110 W. IVANHOE BLVD.
ORLANDO FL 32804** **1110 W. IVANHOE BLVD.
ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/04/1991	3a. Date of Last Report 03/21/1994
4. FBI Number 59-3043856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EGER, LEROY 1110 W. IVANHOE BLVD. #19 ORLANDO FL 32804		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUZADDEN, SUE	1.2 NAME	Arnold Bierman
STREET ADDRESS	1110 W. IVANHOE BLVD. #31	1.3 STREET ADDRESS	1110 W. Ivanhoe Blvd. #30
CITY-ST-ZIP	ORLANDO FL 32804	1.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	VS	2.1 TITLE	Vice President/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, JEFF	2.2 NAME	Leroy Eger
STREET ADDRESS	1110 W. IVANHOE BLVD. #16	2.3 STREET ADDRESS	1110 W. Ivanhoe Blvd. #19
CITY-ST-ZIP	ORLANDO FL 32804	2.4 CITY-ST-ZIP	Orlando, Florida 32804
TITLE	D	3.1 TITLE	
NAME	WILSON, JON	3.2 NAME	
STREET ADDRESS	1110 W. IVANHOE BLVD. #21	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, DOROTHY	4.2 NAME	Mary Jane Morgan
STREET ADDRESS	1110 W. IVANHOE BLVD. #15	4.3 STREET ADDRESS	1110 W. Ivanhoe Blvd. #27
CITY-ST-ZIP	ORLANDO FL 32804	4.4 CITY-ST-ZIP	Orlando, Florida 32804
TITLE	D	5.1 TITLE	Treasure/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERMAN, ARNOLD	5.2 NAME	Beverly Rosenberg
STREET ADDRESS	1110 W. IVANHOE BLVD. #30	5.3 STREET ADDRESS	1110 W. Ivanhoe Blvd. #12
CITY-ST-ZIP	ORLANDO FL 32804	5.4 CITY-ST-ZIP	Orlando, Florida 32804
TITLE	D	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGER, LEROY	6.2 NAME	Maria DoPico
STREET ADDRESS	1110 W. IVANHOE BLVD. #19	6.3 STREET ADDRESS	1110 W. Ivanhoe Blvd. #9
CITY-ST-ZIP	ORLANDO FL 32804	6.4 CITY-ST-ZIP	Orlando, Florida 32804

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arnold Bierman **Arnold Bierman** 1/23/95 407-841-5154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone (Area #)