FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N41525

(9)

RENAISSANCE BY LAKE IVANHOE HOMEOWNERS ASSOCIATION, INC.

rnncipai	Flace 0	Dusiness

Mailing Address

1110 W. IVANHOE BLVD. ORLANDO FL 32804 1110 W. IVANHOE BLVD. ORLANDO FL 32804



ORLANDO FL	32804		ORLANDO FL 32804								
							3. Date Incorporated o 01/04/1991	r Qualified	3a. Date of L 02/03	ast Report 3/1995	
2. Principal Pla	ace of Busine	ess	2a. Mailing Address				4. FEI Number			Applied For	
21 26			ļ							Not Applicable	
			Suite, Apt. #, etc.	etc.			5. Certificate of Status	Desired	11	.75 Additional	
22 27			City & State	9 Chata				·	· · · · · · · · · · · · · · · · · · ·	ee Required	
			28	ly & State			6. Election Campaign F Trust Fund Contribu	-	1 1 7	5.00 May Be dded to Fees	
Zip		Country	Zio	Τ	Country	,	8. This corporation has				
24		25	29	30	•		Florida Statutes	· —	Yes No	,	
	9, Name	and Address of Current	10. Name and Address of New Registered Agent								
					81	81 Name					
eger, li	EROY				82 Street Address (P.O. Box Number is Not Acceptable)						
1110 W.	IVANHOE I	BLVD. #19									
ORLAND	O FL 3280	4			83						
					84	City			FI. 85	Zip Code	
11. Pursuant t	to the provisi	ons of Sections 617.0502 a	and 617.1508, Florida Statut	tes, the	above-	named cor	ration submits this statemen	t for the purp	ose of changing	its registered office	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.											
Signature typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating): DATE											
12.	·	OFFICERS AND			13.		ADDITIONS/CHANG	ES TO OFFIC			
TITLE	PD	I I I I I I I I I I I I I I I I I I I	DELETE		1.1 TITLE		Cichard Luza	DOER.	Cha	nge 🗀 Addition	
NAME					1 2 NAME		1110 S.W. IVANHOE BLVd.,#31				
STREET ADDRESS	::::	OBLANDO EL				ADDRESS	ORLANDO FL 32804				
CITY - ST - ZIP TITLE	VS VS	O FL	□DELETE	_	1 4 CITY 2 1 TITLE	ST - ZIP			Cha	nge	
NAME		IECE	Detetue		22 NAME		poris Prymic	EPIO -	3m	igo 🗀 Addition	
STREET ADDRESS	, –					ADDRESS	Poris Prymicerio De Change Maddition 723 E. Colonial De Ollando, FL 32804				
CITY-ST-ZIP		And think I'll accord			2 4 CITY-						
TITLE	VPD	0 1 6 0500 1	DELETE		3 1 TITLE	31 211	σ	· · · · · · · · · · · · · · · · · · ·	☐ Cha	nge 🔲 Addition	
NAME	EGER, L	EROY	_		3.2 NAME		KEN MILLER	har Ri	Jd 413		
STREET ADORESS					3.3 STREE	ADDRESS	1110 S.W. IVANHOE BLVd., #13				
CITY-ST-ZIP	ORLAND				3.4. CITY-	ST-ZIP	ORLANDO, FL	32.804			
TITLE	SD		DELETE		4.1 TITLE		Di acolica	1	Cha	nge 🔲 Addition	
NAME		n, mary jane			4. 2 NAME	į	Dohn McPher 11105.W. IVA	SON Ahor F	36 11d. A	15	
STREET ADDRESS	1110 W	IVANHOE BLVD			4.3 STREE	T ADDRESS	1105.W. LUHI	A NOC C	Court H		
CITY-ST-ZIP	ORLAND)O FL			4.4 CITY -	ST-ZIP	ORLANDO, FL	32804			
TITLE	TD		DELETE		5 1 TITLE		son Wilson		Cha	nge 🔲 Addition	
NAME		BERG, BEVERLY			5 2 NAME		PO BOX 2193	\$			
STREET ADDRESS						T ADORESS	ORLANDO, EL 32804				
CITY-ST-ZIP	ORLAND D	N L	TIDELETE		5.4 CITY - 6 1 TITLE	SI-ZIP				nge	
TITLE NAME		MADIA	Morreis		6.2 NAME		BRNOLD BIE	eman)/	New Carrotton	
STREET ADDRESS						T ADDRESS	11105. W. IV	anhoe	BWdi	* 30	
				6.3 STREE 6.4 CITY -		ARNOLD BIERMAN Change Addition 11105. W. IVANHOEBLUD, #30 ORLANDO, FL 32804					
DITY-ST-ZIP	UTILATE		al all Eliza is all seath f	oieloe d'	o a ciliy -	or-zir	for the exemption stated in f	Soction 110 O	7/0)/Id Davida C	tatutaa 15 utbar	

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytme Phone #

CR2E037 (12/95