

5-9-97 B 6871 C
FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N41525 (9)
 1. Corporation Name
RENAISSANCE BY LAKE MANHOE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779-5044
 2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779-5044

3. Date Incorporated or Qualified **01/04/1991** 3a. Date of Last Report **04/24/1996**

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

4. FEI Number **59-3043856** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HART, JAMES W JR.
2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779-5044

10. Name and Address of New Registered Agent
 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHARD LUZADDER	
STREET ADDRESS	1110 SW IVANHOE BLVD 31	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DORIS PRIMICERIO	
STREET ADDRESS	723 E. COLONIAL DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KEN MILLER	
STREET ADDRESS	1110 W IVANHOE BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JOHN MCPHEARSON	
STREET ADDRESS	1110 W IVANHOE BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DON WILSON	
STREET ADDRESS	P.O. BIX 2193	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD BIERMAN	
STREET ADDRESS	1110 W IVANHOE BLVD	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CIANCIARULO, CHARLOTTE	
1.3 STREET ADDRESS	1100 SW IVANHOE BLVD #8	
1.4 CITY-ST-ZIP	ORLANDO FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MILLER, KEN	
2.3 STREET ADDRESS	1110 SW IVANHOE BLVD #13	
2.4 CITY-ST-ZIP	ORLANDO FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GOLDEN, LEE	
3.3 STREET ADDRESS	1110 SE IVANHOE BLVD #20	
3.4 CITY-ST-ZIP	ORLANDO FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SINGER, GARY	
4.3 STREET ADDRESS	6305 WESTWOOD BLVD STE 200	
4.4 CITY-ST-ZIP	ORLANDO FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 or on an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)