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Secretary of State

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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

NONPROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # N41525 *lok*

1. Corporation Name

RENAISSANCE BY LAKE IVANHOE HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

2180 W SR 434  
STE 5000  
LONGWOOD FL 32779

Mailing Address

2180 W SR 434  
STE 5000  
LONGWOOD FL 32779

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

1/4/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3043856

Not Applicable

23 City & State

28 City & State

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

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W JR  
SENTRY MANAGEMENT INC.  
2180 W SR 434 STE 5000  
LONGWOOD FL 32779

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PERRY, F  DELETE  
NAME TERRY, FRED  
STREET ADDRESS 1110 SW IVANHOE BLVD #23  
CITY-ST-ZIP ORLANDO FL 32804

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD  DELETE  
NAME SHAPIRO, VALERIE  
STREET ADDRESS 1110 SW IVANHOE BLVD #34  
CITY-ST-ZIP ORLANDO FL 32804

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME ARUTA, JANICE  
STREET ADDRESS 1110 SW IVANHOE BLVD #6  
CITY-ST-ZIP ORLANDO FL 32804

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME GOLDEN, LEE  
STREET ADDRESS 1110 SW IVANHOE BLVD #20  
CITY-ST-ZIP ORLANDO FL 32804

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DINGER, GARY  DELETE  
NAME SINGER, GARY  
STREET ADDRESS 2901 W SR 434 #141  
CITY-ST-ZIP LONGWOOD FL 32779

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VP  DELETE  
NAME HALBERSTADT, ALEX  
STREET ADDRESS 1110 SW IVANHOE BLVD #23  
CITY-ST-ZIP ORLANDO FL 32804

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEX HALBERSTADT, VP

April 28, 1999 407-422-2999  
Date Daytime Phone #

CR2E037 (1/98)