


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90472 039 ****61.25

DOCUMENT # N41525

1. Entity Name
**RENAISSANCE BY LAKE IVANHOE HOMEOWNERS ASSOCIATI
ON, INC.**



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

Mailing Address
**2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779-5044**

2. Principal Place of Business
1110 SW Ivanhoe Blvd
Suite, Apt. #, etc.

3. Mailing Address
1110 SW Ivanhoe Blvd
Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

Zip
32804

Country
USA

Zip
32804

Country
USA



CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

Name
Jeri Spriggs

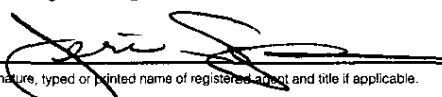
Street Address (P.O. Box Number is Not Acceptable)
1110 SW Ivanhoe Blvd #14

City
Orlando

FL

Zip Code
32804

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 **3/28/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPRIGGS, JERI 1110 SW IVANHOE BLVD. #14 ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDEN, MARK 1110 SW IVANHOE BLVD. #20 ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GERHART, BILL 1110 SW IVANHOE BLVD. #21 ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIZNEY, PAT 1110 SW IVANHOE BLVD #31 ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bob Proechel 1110 SW Ivanhoe Blvd #11 Orlando FL 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SIGNATURE REQUIRED** **3/28/03 (407)650-0524**

CR2E037 (10/02)