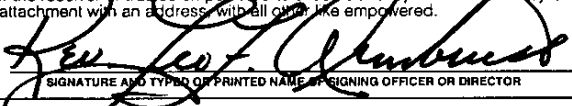


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90192 026 ****70.00

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DOCUMENT # N45405 1. Entity Name RENAISSANCE VILLAGE, INC.			
Principal Place of Business 11380 PROSPERITY FARMS RD STE 209 B PALM BEACH GARDENS, FL 33410 US		Mailing Address 11380 PROSPERITY FARMS RD SUITE 209 B PALM BEACH GARDENS, FL 33410 US	
2. Principal Place of Business 2000 PGA Blvd Suite, Apt. #, etc. Suite 103 City & State Palm Beach Gardens FL Zip 33410		3. Mailing Address 2000 PGA Blvd Suite, Apt. #, etc. Suite 103 City & State Palm Beach Gardens FL Zip 33410	
4. FEI Number 65-0298299		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		02162005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent HAILE, SHAW & PFAFFENBERGER, P.A. 111780 U.S. HIGHWAY #1, SUITE 300 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ Signature, typed or printed name of registered agent and title if applicable.			
Filing Fee is \$61.25 Due by May 1, 2005		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARMBRUST, REV LEO F. 11380 PROSPERITY FRMS RD STE 209B PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000 PGA Blvd. Suite 103 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CHIP JR. 3000 UNIVERSITY DR., #2F CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARCELLE, NORBERT J BSHP 1600 39TH ST. WEST PALM BEACH, FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRANTZ, BARBARA DR 742 US HIGHWAY ONE NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		4/16/05 Sol 776-0890	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	