2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# N45405

Entity Name: RENAISSANCE VILLAGE, INC.

Current Principal Place of Business:

1800 SOUTH AUSTRALIAN AVENUE
SUITE 205
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

1800 SOUTH AUSTRALIAN AVENUE
SUITE 205
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 65-0298299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAILE, SHAW & PFAFFENBERGER, P.A.
660 US HIGHWAY ONE - 3RD FLOOR
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ARMBRUST, REV LEO F.,
Address: 1800 SOUTH AUSTRALIAN AVE. S-205
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: DS ( ) Delete
Name: BOWERS, KENNETH L
Address: 1800 SOUTH AUSTRALIAN AVENUE S-205
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: DT ( ) Delete
Name: HIGHTOWER, RANDY L
Address: 1800 SOUTH AUSTRALIAN AVENUE S-205
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: D ( ) Delete
Name: ANRRICH, RAFAEL
Address: 1800 SOUTH AUSTRALIAN AVENUE S-205
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: MD ( ) Delete
Name: NUGENT, IRVINE M
Address: 1800 SOUTH AUSTRALIAN AVENUE
City-St-Zip: WEST PALM BEACH, FL 33409 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRVINE NUGENT MR. 03/04/2008
Electronic Signature of Signing Officer or Director — Date