

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45405

FILED  
Mar 12, 2009  
Secretary of State

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

Electronic Signature of Signing Officer or Director

MR.

03/12/2009

Date