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

Feb 18, 2003 8:00 am Secretary of State **DOCUMENT # N45405** 1. Entity Name 02-18-2003 90100 018 ****70.00 RENAISSANCE VILLAGE, INC. Principal Place of Business Mailing Address 11380 PROSPERITY FARMS RD 11380 PROSPERITY FARMS RD STE 209 B SUITE 209 B PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 65-0298299 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FHS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 11780 U.S. HIGHWAY #1, SUITE 300 NORTH PALM BEACH FL 33408 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE Change ARMBRUST, REV LEO F. NAME 11380 Prosperity Fims Rd, Ste 209B 4380 PROSPERITY FRMS RD STE 209 B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition ABUSO, JOHN DR NAME NAME STREET ADDRESS 230 D COUNTY LANE STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change COOKE, LEE NAME NAME STREET ADDRESS 6113 ROYAL BIRKDALE DR STREET ADDRESS CITY-ST-7IP LAKE WORTH FL 33463 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition KRANTZ, BARBARA DR NAME NAME STREET ADDRESS 742 US HIGHWAY ONE STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 supplymental 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 emproyered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if an attach ne

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