

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:11

DOCUMENT # **N93000004008 (9)**

1. Corporation Name

RENAISSANCE CONDOMINIUM ASSOCIATION OF SARASOTA, INC.

Principal Place of Business

Mailing Address

378 GOLDEN GATE POINT DRIVE
UNIT 7
SARASOTA FL 34237

378 GOLDEN GATE POINT DRIVE
UNIT 7
SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/02/1993

07/06/1994

4. FEI Number

Applied For

~~65-0331964~~ 65-0438331

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACRIS, STEVEN W
609 S. TAMiami TRAIL
VENICE FL 34285

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DP
NAME: KOONTZ, ROBERT L
STREET ADDRESS: P.O. BOX 14087 (N/A)
CITY-ST-ZIP: SARASOTA FL 34278

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:

TITLE: DS
NAME: MCCULLOCH, NATHALIE W
STREET ADDRESS: 740 CASEY KEY RD. NORTH
CITY-ST-ZIP: OSPREY FL 34229

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

TITLE: D
NAME: MCCALLUM, DALE A
STREET ADDRESS: 12 SOUTH LIME AVE.
CITY-ST-ZIP: SARASOTA FL 34237

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

TITLE: D
NAME: JOHN, PAUL R
STREET ADDRESS: R.D. #1, BOX 419A
CITY-ST-ZIP: WINFIELD PA 17889

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

TITLE: D
NAME: JOHN, MILDRED D
STREET ADDRESS: R.D. #1, BOX 419A
CITY-ST-ZIP: WINFIELD PA 17889

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE: Y
NAME: MCCALLUM, ANNE M
STREET ADDRESS: 12 SOUTH LIME AVE.
CITY-ST-ZIP: SARASOTA FL 34237

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anne M. McCallum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anne M. McCallum Treasurer

1/25/95

365-6289