

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000004008 (9)**

1. Corporation Name

RENAISSANCE CONDOMINIUM ASSOCIATION OF SARASOTA, INC.



Principal Place of Business

Mailing Address

378 GOLDEN GATE POINT DRIVE
UNIT 3
SARASOTA FL 34237

378 GOLDEN GATE POINT DRIVE
UNIT 3
SARASOTA FL 34237

3. Date Incorporated or Qualified
09/02/1993

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 378 Golden Gate Point Drive

26 378 Golden Gate Point Drive

4. FEI Number
65-3438331

Applied For
Not Applicable

Suite, Apt. #, etc.
3

Suite, Apt. #, etc.
3

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State
Sarasota FL

City & State
Sarasota FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 34236

25 Sarasota

29 34236

30 Sarasota

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
Robert L. Koontz
82 Street Address (P.O. Box Number is Not Acceptable)
378 Golden Gate Point Drive
83
84 City
Sarasota
85 Zip Code
FL 34236

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Robert L. Koontz**

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

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

DATE

Robert L. Koontz 3/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP D	<input type="checkbox"/> DELETE
NAME	KOONTZ, ROBERT L	
STREET ADDRESS	P.O. BOX 14087 (N/A)	
CITY-ST-ZIP	SARASOTA FL 34278	
TITLE	DS DP	<input type="checkbox"/> DELETE
NAME	MCCULLOCH, NATHALIE W	
STREET ADDRESS	740 CASEY KEY RD. NORTH	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCALLUM, DALE A	
STREET ADDRESS	12 SOUTH LIME AVE.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHN, PAUL R	
STREET ADDRESS	R.D. #1, BOX 419A	
CITY-ST-ZIP	WINFIELD PA 17889	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	JOHN, MILDRED D	
STREET ADDRESS	R.D. #1, BOX 419A	
CITY-ST-ZIP	WINFIELD PA 17889	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCCALLUM, ANNE M	
STREET ADDRESS	12 SOUTH LIME AVE.	
CITY-ST-ZIP	SARASOTA FL 34237	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	378 Golden Gate Point Drive	
1.4 CITY-ST-ZIP	Sarasota FL 34236	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	378 Golden Gate Point Drive	
2.4 CITY-ST-ZIP	Sarasota FL 34236	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Blackburn, June	
3.3 STREET ADDRESS	Sarasota FL 34236	
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Perry, Lois J.	
4.3 STREET ADDRESS	378 Golden Gate Point Drive	
4.4 CITY-ST-ZIP	Sarasota FL 34236	
5.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	378 Golden Gate Point Drive	
5.4 CITY-ST-ZIP	Sarasota FL 34236	
6.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Perry, Charles	
6.3 STREET ADDRESS	378 Golden Gate Pt Dr	
6.4 CITY-ST-ZIP	Sarasota FL 34236	

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 119.07(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: **Charles Perry** *Charles E Perry* 3/14/96 944 366-0378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)