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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004008 (9)
1. Corporation Name
RENAISSANCE CONDOMINIUM ASSOCIATION OF SARASOTA, INC.



Principal Place of Business 378 GOLDEN GATE POINT DRIVE #3 SARASOTA FL 34236 US	Mailing Address 378 GOLDEN GATE POINT DRIVE 3 SARASOTA FL 34236 US
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3. Date Incorporated or Qualified 09/02/1993	3a. Date of Last Report 03/29/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc 26 City & State 27 Zip 28 Country
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4. FEI Number 65-3438331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KOONTZ, ROBERT L
378 GOLDEN GATE POINT DRIVE
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOONTZ, ROBERT L	
STREET ADDRESS	38 GOLDEN GATE POINT DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCCULLOCH, NATHALIE W	
STREET ADDRESS	378 GOLDEN GATE POINT DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	XDS D/VP	<input type="checkbox"/> DELETE
NAME	BLACKBURN, JUNE	
STREET ADDRESS	378 GOLDEN GATE POINT DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, LOIS J	
STREET ADDRESS	378 GOLDEN GATE POINT DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	JOHN, MILDRED D	
STREET ADDRESS	378 GOLDEN GATE POINT DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PERRY, CHARLES	
STREET ADDRESS	378 GOLDEN GATE POINT DRIVE	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D MCCALLUM, ANN	
1.3 STREET ADDRESS	378 GOLDEN GATE POINT DR	
1.4 CITY-ST-ZIP	SARASOTA FL 34236	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DS KOONTZ, CYNTHIA	
4.3 STREET ADDRESS	378 GOLDEN GATE Point Drive	
4.4 CITY-ST-ZIP	SARASOTA FL 34236	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 A. Perry* **CHARLES PERRY** 4/27/97 94 366-0378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079682

CR2E037 (9/96)