

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90497 017 \*\*\*150.00

**DOCUMENT #** N93000004008  
 1. Entity Name  
**RENAISSANCE CONDOMINIUM ASSOCIATION OF SARASOTA**

Principal Place of Business      Mailing Address  
**378 GOLDEN GATE POINT**      **378 GOLDEN GATE POINT**  
**# 3**      **# 3**  
**SARASOTA, FL 34236**      **SARASOTA, FL 34236-6656**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
**378 Golden Gate Point**      **378 Golden Gate Point**  
 Suite, Apt. # etc.      Suite, Apt. #, etc.  
**#7**      **#7**  
 City & State      City & State  
**Sarasota, FL**      **Sarasota, FL**  
 Zip      Country      Zip      Country  
**34236**      **US**      **34236**      **US**

**00056834**

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent  
 Name: **DALE A. McCALLUM**  
 Street Address (P.O. Box Number is Not Acceptable): **378 GOLDEN GATE POINT**  
**#7**  
 City: **Sarasota, FL**      Zip Code: **34236**

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.  
 SIGNATURE: *Dale A. McCallum - Director*      DATE: 4.30.01  
(Signature, typed or printed name of registered agent and title if applicable.)      (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!** After MAY 1, 2001 Fee will be \$550.00. **Make Check Payable to Department of State.**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	McCallum, Ann	<input checked="" type="checkbox"/> Delete
NAME		378 Golden Gate Point Dr	
STREET ADDRESS		Sarasota, FL	
CITY-ST-ZIP			
TITLE	DP	McCulloch, Nathalie W	<input type="checkbox"/> Delete
NAME		378 Golden Gate Point Drive	
STREET ADDRESS		Sarasota, FL	
CITY-ST-ZIP			
TITLE	DS	Blackburn, June	<input type="checkbox"/> Delete
NAME		378 Golden Gate Point Drive	
STREET ADDRESS		Sarasota, FL	
CITY-ST-ZIP			
TITLE	DS	Koontz, Cynthia	<input checked="" type="checkbox"/> Delete
NAME		378 Golden Gate Point	
STREET ADDRESS		Sarasota, FL	
CITY-ST-ZIP			
TITLE	DV	John, Mildred D.	<input type="checkbox"/> Delete
NAME		378 Golden Gate Point Drive	
STREET ADDRESS		Sarasota, FL	
CITY-ST-ZIP			
TITLE	DT	Perry, Charles	<input checked="" type="checkbox"/> Delete
NAME		378 Golden Gate Point Drive	
STREET ADDRESS		Sarasota, FL	
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	McCallum, Dale	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		378 Golden Gate Point	
STREET ADDRESS		Sarasota, FL 34236	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	DS	Palm, Glenna	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		378 Golden Gate Point	
STREET ADDRESS		Sarasota, FL 34236	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	DT	Perry, Lois	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		378 Golden Gate Point	
STREET ADDRESS		Sarasota, FL 34236	
CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that no 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dale A. McCallum*      DATE: 4.30.01      941-366-9686  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (1/1/00)