

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004043

**Entity Name:** RENAISSANCE PLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400  
STUART, FL 34994**Current Mailing Address:**C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400  
STUART, FL 34994 US**FEI Number:** 92-0194220**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIELDS & BACHOVE, PLLC  
4440 PGA BLVD  
STE 308  
PALM BEACH GARDENS, FL 33410 US*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:** GARY FIELDS, ESQ.

01/21/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

**Title** SECRETARY, TREASURER,  
DIRECTOR

**Name** LASSWELL, ROBERT SCOTT

**Address** C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

**City-State-Zip:** STUART FL 34994

**Title** PRESIDENT, DIRECTOR

**Name** MAGUIRE, BEVERLY

**Address** C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

**City-State-Zip:** STUART FL 34994

**Title** VP, DIRECTOR

**Name** JACKSON, EDWIN

**Address** C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

**City-State-Zip:** STUART FL 34994

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BEVERLY MAGUIRE

PRESIDENT

01/21/2022

Electronic Signature of Signing Officer/Director Detail

Date