

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004008

FILED
Apr 06, 2024
Secretary of State
6216482509CC

Entity Name: RENAISSANCE CONDOMINIUM ASSOCIATION OF SARASOTA, INC.

Current Principal Place of Business:

MITCHELL ASSOCIATION MANAGEMENT GROUP
5942 PALMER BLVD.
SARASOTA, FL 34232

Current Mailing Address:

C/O MITCHELL ASSOCIATION MANAGEMENT GROUP
5942 PALMER BLVD.
SARASOTA, FL 34232 US

FEI Number: 65-0438331

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITCHELL ASSOCIATION MANAGEMENT GROUP, LLC
MITCHELL ASSOCIATION MANAGEMENT GROUP
5942 PALMER BLVD.
SARASOTA, FL 34232 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: PAULA MITCHELL

04/06/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name MCCALLUM, ANNE
Address MITCHELL ASSOCIATION
MANAGEMENT GROUP
5942 PALMER BLVD.
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name JOHN, MILDRED
Address MITCHELL ASSOCIATION
MANAGEMENT GROUP
5942 PALMER BLVD.
City-State-Zip: SARASOTA FL 34232

Title PRESIDENT, TREASURER
Name ANTUNES, CATHERINE
Address MITCHELL ASSOCIATION
MANAGEMENT GROUP
5942 PALMER BLVD.
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name COX, CANDACE
Address MITCHELL ASSOCIATION
MANAGEMENT GROUP
5942 PALMER BLVD.
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name CUSICK, PATRICIA
Address MITCHELL ASSOCIATION
MANAGEMENT GROUP
5942 PALMER BLVD.
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name STEINGLASS, KENNETH
Address MITCHELL ASSOCIATION
MANAGEMENT GROUP
5942 PALMER BLVD.
City-State-Zip: SARASOTA FL 34232

Title MANAGING AGENT
Name MITCHELL, PAULA
Address MITCHELL ASSOCIATION
MANAGEMENT GROUP
5942 PALMER BLVD.
City-State-Zip: SARASOTA FL 34232

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: PAULA MITCHELL

MANAGING AGENT

04/06/2024

