FILE NOW: FILING FEE'IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

726114

(2)

THE RENAISSANCE OF POMPANO BEACH III, INC.

FILED May 14 1998 8:00am Secretary of State

Pı													
1361 S. OCEAN BLVD. POMPANO BEACH FLORIDA 33062-7159				1361 S. OCEAN BLVD. POMPANO BEACH FLORIDA 33062-7159			3. Date Incorporated or Qualified 04/13/1973 4. FEI Number Applied For 59-2138639 Not Applied by Applied For						
2. 21	Principal Place of Business			2a. Mailing Address 26				5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
22	Sulte, Apt. #, etc.			Suite, Apt. #, etc.				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
23	City & State			City & State				7. Is this nonprofit corporation a homeowners association? X Yes No					
24		Country 25	29	Žip Cou 29 30				This corporation owes or has paid the current year Intan Personal Property Tax due June 30.					
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
						81	Name						
19495 BISCAYNE BLVD. STE. #705					82	Street Address (P.O. Box Number is Not Acceptable)							
					83								
AVENTURAS FL 33180 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Elevide Statutes, the sh						84	City		FL		Zip Code		
11	 Purguant to the provis 	sions of Sections 617 050	≥ and £	317 1508. Florida Statul	tas tha ah	OVE	named corr	oratio	in elibriite this statement for the plimose of	Chang!	ing its registered		

1. 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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.

agent. I am lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE Slongture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 12						
TITLE	٥V	DELETE	1.1 TITLE	5	Change	☐ Addition						
NAME	SWAINE, ART		1.2 NAME	Levinson, RICK 1361 s.ocean Bivd # 6	^~							
STREET ADDRESS	1361 S. OCEAN BLVD. #907		1.3 STREET ADDRESS	1361 5.00000 BIVO # 6	03							
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	Pompano Beach FL	3306	2						
TITLE	V	DELETE	2.1 TITLE	ID ,	Change Change	Addition						
NAME	LEVINSON, RICK		2.2 NAME	irwin, Marci	100							
STREET ADDRESS	1361 S. OCEAN BLVD.		2.3 STREET ADDRESS	1361 5. 0000 BIVd #								
CITY-ST-ZIP	POMPANO BCH. FL 33062		2. 4 CITY-ST-ZIP	Pompano Beach FL	3 <i>3062</i>	2						
TITLE	Š	☐ DELETE	3.1 TITLE	י מו	Change	Addition :						
NAME	IRWIN, MARCI		3.2 NAME	Goodman, Leo 1361 s. Ocean Bival #4	104							
STREET ADDRESS	1361 S. OCEAN BLVD.		3.3 STREET ADDRESS	1361 s. oœan Biva # 7	104							
CITY-ST-ZIP	POMPANO BCH. FL 33062		3.4. CITY - ST - ZIP	Pompano Beach FL	<u>. 3304</u>	2						
TITLE	Ťb	DELETE	4.1 TITLE	•	Change	☐ Addition						
NAME	Kohn, Phil		4. 2 NAME									
STREET ADDRESS	1361 S. OCEAN BLVD. #508		4.3 STREET ADDRESS									
CITY-ST-ZIP	POMPANO BCH FL 33062		4.4 CITY-ST-ZIP									
TITLE	D	☐ DELETE	5.1 TITLE		Change	☐ Addition						
NAME	CULLEN, GARY		5.2 NAME									
STREET ADDRESS	1361 S OCEAN BLVD # 610		5.3 STREET ADORESS									
CITY-ST-ZIP	POMPANO BCH FL		5.4 CITY-ST-ZIP									
TITLE	PD	DELETE	6.1 TITLE		☐ Change	☐ Addition						
NAMÉ	TRACHT, BARRY		6.2 NAME	,								
STREET ADDRESS	1361 S OCEAN BLVD # 1008		6.3 STREET ADDRESS									
0171 AT 810	DOMBANO DOM EL		4 4 6 (7) 4 631 716									

14. I 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 from an attachment with an address.

-- Wall All DE TOWN WAY

CR2E037 (10/97)