



2005

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

JAN 21 2004

<b>DOCUMENT # 726114</b> 1. Entity Name <b>THE RENAISSANCE OF POMPANO BEACH III, INC.</b>						<b>FILED</b> <b>05 MAY 11 PM 3:26</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>1361 S. OCEAN BLVD. POMANO BEACH FL 33062-7159</b>				Mailing Address <b>1361 S. OCEAN BLVD. POMANO BEACH FL 33062-7159</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-2138639</b>						Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GERSTLE, ROSEN, MOSKOWITZ &amp; ASSOC. 19495 BISCAYNE BLVD. STE. #705 AVENTURAS FL 33180</b>						7. Name and Address of New Registered Agent Name <b>000055572650</b> Street Address (P.O. Box Numbers Not Acceptable) <b>06/01/05--01033--013 **\$1.25</b> City <b>FL</b> Zip Code	
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARAFALD, BARBARA</b> <input checked="" type="checkbox"/> Delete <b>1361 S OCEAN BLVD #410</b> <b>POMPANO BEACH FL 33062</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DELGADO, ED</b> <b>1361 S. OCEAN BLVD #609</b> <b>POMPANO BEACH FL 33062</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <input type="checkbox"/> Delete <b>YAFFE, SAMUEL</b> <i>Correct spelling</i> <b>1361 S OCEAN BLVD #1007</b> <b>POMPANO BCH. FL 33062</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SWAINE, ARTHUR</b> <b>1361 S. OCEAN BLVD #907</b> <b>POMPANO BEACH FL 33062</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" type="checkbox"/> Delete <b>KEATING, WILLIAM</b> <b>1361 S OCEAN BLVD. # 909</b> <b>POMPANO BEACH FL</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MULLER, KEITH</b> <b>1361 S. OCEAN BLVD #602</b> <b>POMPANO BEACH FL 33062</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SISLER, BARRY</b> <b>1361 S OCEAN BLVD. #309</b> <b>POMPANO BEACH FL</b> <i>POMPANO BEACH 33062</i>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LACK, JOHN</b> <b>1361 S. OCEAN BLVD #610</b> <b>POMPANO BEACH FL 33062</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>CAPPIONE, KRISYTINE</b> <b>1361 S OCEAN BLVD #501</b> <b>POMPANO BEACH FL 33062</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DONOHUE, JAMES</b> <b>1361 S. OCEAN BLVD #406</b> <b>POMPANO BEACH FL 33062</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <input checked="" type="checkbox"/> Delete <b>ROSSINI, RICHARD</b> <b>1361 S OCEAN BLVD #203</b> <b>POMPANO BEACH FL 33062</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> <i>Samuel Yaffe</i>				<i>4.28.05</i>		<i>954-943-8579</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	