

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726114

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** THE RENAISSANCE OF POMPANO BEACH III, INC.

**Current Principal Place of Business:**

1361 S. OCEAN BLVD.  
SUITE #609  
POMPANO BEACH, FL 330627159

**New Principal Place of Business:**

**Current Mailing Address:**

1361 S. OCEAN BLVD.  
SUITE #609  
POMPANO BEACH, FL 330627159

**New Mailing Address:**

**FEI Number:** 59-2138639

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLIS & WALLIS, P.A.  
1600 SOUTH FEDERAL HWY.  
SUITE 600  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: DELGADO, EDUARDO  
Address: 1361 S. OCEAN BLVD. #609  
City-St-Zip: POMPANO BEACH, FL 33062

Title: DT ( ) Delete  
Name: YAFFE, SAMUEL  
Address: 1361 S. OCEAN BLVD. #1007  
City-St-Zip: POMPANO BCH., FL 33062

Title: DV ( ) Delete  
Name: SISLER, BARRY  
Address: 1361 S. OCEAN BLVD. #309  
City-St-Zip: POMPANO BEACH, FL 33062

Title: DS ( ) Delete  
Name: LACK, JOHN  
Address: 1361 S. OCEAN BLVD. #610  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: FAJNGOLD, ROMAN  
Address: 1361 S. OCEAN BLVD. #1008  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SAMUEL YAFFE

DT

04/27/2009

Electronic Signature of Signing Officer or Director

Date