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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726115

1. Corporation Name

THE RENAISSANCE OF POMPANO BEACH II, INC.

Principal Place of Business

1370 S. OCEAN BLVD.
POMPANO BEACH FL 33062

Mailing Address

1370 S. OCEAN BLVD.
POMPANO BEACH FL 33062

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	2b	04/13/1973
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1762470
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	30	☐ \$8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BECKER AND POLIAKOFF, P.A.
EMERALD LAKE CORPORATE PARK
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	PAGE, CHARLES	1.2 NAME	Platka, Richard
STREET ADDRESS	1370 SOUTH OCEAN BOULEVARD	1.3 STREET ADDRESS	1370 S. Ocean Blvd.
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	Pompano Beach FL 33062
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DIGGS, CLARENCE	2.2 NAME	
STREET ADDRESS	1370 SOUTH OCEAN BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KILBERG, SUSAN	3.2 NAME	
STREET ADDRESS	1370 SOUTH OCEAN BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SKONIECZNY, RICHARD	4.2 NAME	
STREET ADDRESS	1370 SOUTH OCEAN BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EDMON, PAULETTE	5.2 NAME	
STREET ADDRESS	1370 SOUTH OCEAN BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	APRAHAMIAN, EDWARD	6.2 NAME	
STREET ADDRESS	1370 SOUTH OCEAN BOULEVARD	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES PACE
PRESIDENT

954-772-3437

Daytime Phone #