## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 07, 2005 8:00 am **DOCUMENT # 726115 Secretary of State** 1. Entity Name 02-07-2005 90063 039 \*\*\*\*61.25 THE RENAISSANCE OF POMPANO BEACH II, INC. Principal Place of Business Mailing Address 1370 S. OCEAN BLVD. 1370 S. OCEAN BLVD. 40013948 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-1762470 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BECKER & POLIAKOFF** Street Address (P.O. Box Number is Not Acceptable) 311 STIRLING RD. FORT LAUDERDALE FL 33312 City 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 Signature, typed or printed ide if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ROBERT MADEY 1370 S. OCEAN BLVD. TITLE TITLE Change ☐ Defete POLIZZI, BARBARA NAME NAME 1370 SOUTH OCEAN BOULEVARD STREET ADDRESS POMPANO BEACH FL 33662 STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP Fro D A. DIRECTOR Change Addition ☐ Defete ALANA HOAR PLOTKA, RICHARD NAME NAME 1370 5. OCE AN BLYD 1370 SOUTH OCEAN BOULEVARD STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP OMPANO BEACH FL ♥ V P D PACE, CHARLES TITLE Change TITLE ☐ Defete NAME NAME 1370 S OCEAN BLVD STREET ADDRESS STREET ADDRESS ACCIT # 250 POMPANO BEACH FL 33062 CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete HITLE ☐ Addition RISK, SAM NAME NAME 1370 S OCEAN BLVD STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete ESTELLE, LUCIA NAME NAME 1370 SOUTH OCEAN BOULVARD STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33662 CITY-ST-7IP CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition JACKSON, JUDY NAME NAME 1370 SOUTH OCEAN BOULVARD STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE

CONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 954-781-820 Daylime Phone 9

FILED