2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000002389

1. Entity Name
THE RENAISSANCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109	9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

08122008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1139356
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JED PROPERTY MANAGEMENT SERVICES
9130 CORSEA DEL FONTANA WAY
NAPLES, FL 34109

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAPHAM, CHARLES
STREET ADDRESS	730 PINE COURT
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VPS
NAME	SALUON, ANDREW
STREET ADDRESS	2930 IMMOKOLEE RD #4
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	T
NAME	WILSON, BRIAN
STREET ADDRESS	2465 TRADE CENTER WAY
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/25/08-80004-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 8/12/08 239-556-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #