# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2009**
**Secretary of State**

DOCUMENT# N00000002389

**Entity Name:** THE RENAISSANCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9130 CORSEA DEL FONTANA WAY
NAPLES, FL 34109

**New Principal Place of Business:**

1048 GOODLETTE ROAD N.
SUITE 201
NAPLES, FL 34102

**Current Mailing Address:**

9130 CORSEA DEL FONTANA WAY
NAPLES, FL 34109

**New Mailing Address:**

C/O COLONIAL SQUARE REALTY, INC
P.O. BOX 10608
NAPLES, FL 34101

**FEI Number: 65-1139356** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

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

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

COLONIAL SQUARE REALTY, INC
1048 GOODLETTE ROAD N.
SUITE 201
NAPLES, FL 34102 US

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: CLIFFORD OLSON 04/24/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: LAPHAM, CHARLES
Address: 730 PINE COURT
City-St-Zip: NAPLES, FL 34102

Title: VPS ( ) Delete
Name: SALUON, ANDREW
Address: 2930 IMMOKOLEE RD #4
City-St-Zip: NAPLES, FL 34110

Title: T ( ) Delete
Name: WILSON, BRIAN
Address: 2465 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34108

**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:

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: CHARLES LAPHAM PD 04/24/2009
Electronic Signature of Signing Officer or Director Date