

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000006896

FILED
Jan 24, 2006
Secretary of State

Entity Name: THE RENAISSANCE OF SARASOTA MASTER ASSOCIATION, INC.

Current Principal Place of Business:

511 BAY STREET
SUITE 309
TAMPA, FL 33606

New Principal Place of Business:

444 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 US

Current Mailing Address:

4225 ARMOUR ROAD
COLUMBUS, GA 31904

New Mailing Address:

444 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 US

FEI Number: 59-3707339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ICARD, MERRILL, CULLIS, ET. AL.
ATTN: WILLIAM W. MERRILL, III
2033 MAIN STREET - SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 S.E. SECOND STREET
SUITE 2900
MIAMI, FL 33131 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: CHARLES J. RENNERT, VICE PRESIDENT

01/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: J. CHRISTOPHER COBBS,
Address: 3445 PEACHTREE ROAD #250
City-St-Zip: ATLANTA, GA 30326

Title: PD () Delete
Name: W. WADE PICKARD,
Address: 511 BAY STREET #309
City-St-Zip: TAMPA, FL 33606

Title: T () Delete
Name: REIS, TERRY
Address: 4225 ARMOUR ROAD
City-St-Zip: COLUMBUS, GA 31904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: PINCKNEY, TED
Address: 5555 ANGLERS AVENUE, SUITE 1A
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: PD (X) Change () Addition
Name: SOCOLSKY, SERGIO
Address: 444 BRICKELL AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131

Title: DVP (X) Change () Addition
Name: PIAZZA, ALBERT C
Address: 5555 ANGLERS AVENUE, SUITE 1A
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the 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: ALBERT C. PIAZZA

VP

01/24/2006

Electronic Signature of Signing Officer or Director

Date