

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90428 039 \*\*\*\*61.25

**DOCUMENT # N02000001969**

1. Entity Name  
**TRIANA I OF RENAISSANCE CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**12601 WESTLINKS DR  
UNIT 7  
FORT MYERS, FL 33913**

Mailing Address

**12601 WESTLINKS DR  
UNIT 7  
FORT MYERS, FL 33913**

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**71-0888444**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHIELDS, CHRISTOPHER J  
1833 HENDRY STREET  
FORT MYERS, FL 33901**

**DO NOT WRITE  
IN THIS SPACE**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SHEA, JACK
STREET ADDRESS	12601 WESTLINKS DR, UNIT 7
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	STB 7/17 CHANGE
NAME	THRON, DAN
STREET ADDRESS	12601 WESTLINKS DRIVE, UNIT 7
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	PD- DELETE
NAME	PERSICILLI, ANTHONY
STREET ADDRESS	12601 WESTLINKS DR, UNIT 7
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	STB ADD
NAME	Fred Weidig
STREET ADDRESS	12601 Westlinks Dr. Unit 7
CITY-ST-ZIP	Fort Myers FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 my address, with all other like empowered.

SIGNATURE:

*Daniel E. Thron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-06

Date

239-768-3888

Daytime Phone #