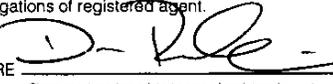
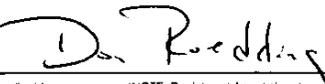
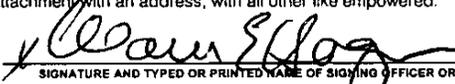


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90010 013 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901		Name: <u>TROPICAL ISLES MANAGEMENT</u> Street Address (P.O. Box Number is Not Acceptable): <u>12734 KENWOOD LANE</u> <u>Suite 49</u> City: <u>FORT MYERS</u> FL Zip Code: <u>33907</u>	
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: 	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: WEIDIG, FRED STREET ADDRESS: 12631 WESTLINKS DR. #3 CITY-ST-ZIP: FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	TITLE: <u>ACS</u> NAME: <u>WARREN HAGEN</u> STREET ADDRESS: <u>9371 TRIANA TERRACE #4</u> CITY-ST-ZIP: <u>FORT MYERS, FL 33912</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: ATKINS, MARIA STREET ADDRESS: 12631 WESTLINKS DR #3 CITY-ST-ZIP: FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	TITLE: <u>VP</u> NAME: <u>STEVE MACAIZ</u> STREET ADDRESS: <u>9371 TRIANA TERRACE #1</u> CITY-ST-ZIP: <u>FORT MYERS, FL 33912</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: SIEBERT, PEGGY STREET ADDRESS: 12631 WESTLINKS DR #3 CITY-ST-ZIP: FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	TITLE: <u>ACS</u> NAME: <u>LEONARD DIXON</u> STREET ADDRESS: <u>9350 TRIANA TERRACE #4</u> CITY-ST-ZIP: <u>FORT MYERS, FL 33912</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: 		Date: <u>3-20-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40058414



01172008 Chg-NP CR2E037 (12/06)

4. FEI Number 71-0888444 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Filing Fee is \$61.25 Due by May 1, 2008

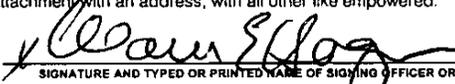
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SIGNATURE:  Date: 3-20-08