

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	4. FEI Number 71-0888444	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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: <u>[Signature]</u>			DATE: <u>3-20-08</u>		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing <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	<input checked="" type="checkbox"/> Delete	TITLE ACs.	NAME WARREN HAGEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 12631 WESTLINKS DR. #3	STREET ADDRESS 9371 TRIANA TERRACE #4				
CITY-ST-ZIP FORT MYERS, FL 33913	CITY-ST-ZIP FORT MYERS, FL 33912				
TITLE VD	NAME ATKINS, MARIA	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME STEVE MACAIZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 12631 WESTLINKS DR #3			STREET ADDRESS 9371 TRIANA TERRACE #1		
CITY-ST-ZIP FORT MYERS, FL 33913			CITY-ST-ZIP FORT MYERS, FL 33912		
TITLE STD	NAME SIEBERT, PEGGY	<input checked="" type="checkbox"/> Delete	TITLE Ecly	NAME LEONARD DIXON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 12631 WESTLINKS DR #3			STREET ADDRESS 9350 TRIANA TERRACE #4		
CITY-ST-ZIP FORT MYERS, FL 33913			CITY-ST-ZIP FORT MYERS, FL 33912		
TITLE NAME	TITLE NAME				
STREET ADDRESS	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>[Signature]</u>			Date: <u>3-20-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					