2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001969

FILED Apr 13, 2009 Secretary of State

Entity Name: TRIANA I OF RENAISSANCE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

12601 WESTLINKS DR TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE, SUITE 49 **ÜNIT** 7

FORT MYERS, FL 33913 FORT MYERS, FL 33913

New Mailing Address: **Current Mailing Address:**

TROPICAL ISLES MANAGEMENT 12601 WESTLINKS DR UNIT 7 12734 KENWOOD LANE, SUITE 49 FORT MYERS, FL 33913 FORT MYERS, FL 33913

FEI Number: 71-0888444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE STE 49 FORT MYERS, FL 33907

OFFICERS AND DIRECTORS:

FORT MYERS, FL 33912

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:

City-St-Zip:

Date

City-St-Zip:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FORT MYERS, FL 33912

(X) Change () Addition () Delete

HAGEN, WARREN HAGEN, WARREN Name: Name: 9371 TRIANA TER 4 Address: 9371 TRIANA TERRACE #4 Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912

Title: () Delete Title: (X) Change () Addition MACHIZ, STEVE Name: MACHIZ, STEVE Name:

Address: 9371 TRIANA TERR Address: 9371 TRIANA TERRACE #1

Title: () Delete Title: (X) Change () Addition

DIXON, LEONARD Name: DIXON, LEONARD Name: 9350 TRIANA TERR 4 9350 TRIANA TERRACE #4 Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912

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: JEANNIE NESPOLI CAM 04/13/2009