

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90069 032 ****61.25

DOCUMENT # N03000011076

1. Entity Name

RENAISSANCE GROUP OF BONITA SPRINGS, INC.



Principal Place of Business

26591 ROOKERY LAKE DR.
BONITA SPRINGS FL 34134

Mailing Address

26591 ROOKERY LAKE DR.
BONITA SPRINGS FL 34134

2. Principal Place of Business

26044 FAWNWOOD CT
Suite, Apt. #, etc.

3. Mailing Address

26044 FAWNWOOD CT
Suite, Apt. #, etc.

City & State

Bonita Springs, FL
Zip 34134 Country IEE

City & State

Bonita Springs FL
Zip 34134 Country IEE

4. FEI Number

56-2926852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOZLOWSKI, FRANK
26591 ROOKERY LAKE DR.
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOZLOWSKI, FRANK C	
STREET ADDRESS	26591 ROOKERY LAKE DR.	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUMMLER, WILLIAM	
STREET ADDRESS	26260 MIRA WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PHILLIPS, LYMAN	
STREET ADDRESS	4801 ISLAND POND CT., #804	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BIRRELL, ROBERT	
STREET ADDRESS	26210 MIRA WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLETTE, ROBERT	
STREET ADDRESS	26210 MIRA WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	POTTER, ROBERT	
STREET ADDRESS	26610 ROOKERY LAKE DR.	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK C KOZLOWSKI	
STREET ADDRESS	26044 FAWNWOOD CT	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05

Date

239-992-5285

Daytime Phone #