

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004084

FILED  
Feb 13, 2012  
Secretary of State

**Entity Name:** LA FLORENCE AT RENAISSANCE COMMONS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

GULFSTREAM SERVICES MANAGEMENT, INC.  
1500 GATEWAY BLVD., SUITE 220  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

GULFSTREAM SERVICES MANAGEMENT, INC.  
1500 GATEWAY BLVD., SUITE 220  
BOYNTON BEACH, FL 33426 UN

**Current Mailing Address:**

GULFSTREAM SERVICES MANAGEMENT, INC.  
1500 GATEWAY BLVD., SUITE 220  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

PO BOX 244225  
BOYNTON BEACH, FL 33424

**FEI Number:** 55-0878368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VICTORY ACCOUNTING SERVICE INC  
1500 GATEWAY BLVD  
SUITE 220  
BOYNTON BEACH, FL 33426 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: O'BRIEN, TOM  
Address: 1310 PIAZZA PITTI  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP  
Name: MILLER, JONATHON  
Address: 1253 PIAZZA ANTINORI  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D  
Name: TUBRIDY, DAN  
Address: 7317 SPINNAKER DRIVE  
City-St-Zip: ARVENE, NY 11692

Title: D  
Name: TEMPONE, RYAN  
Address: 1500 GATEWAY BLVD. SUITE 220  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TD  
Name: YEH HO, KAREN  
Address: 1500 GATEWAY BLVD. SUITE 220  
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby 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 all other like empowered.

SIGNATURE: BRENT THERIAULT

MGR

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date