


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90262 022 ****70.00

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1. Entity Name
RENAISSANCE COMMONS MASTER ASSOCIATION, INC.



Principal Place of Business
**980 N. FEDERAL HWY., SUITE 200
 BOCA RATON, FL 33432**

Mailing Address
**980 N. FEDERAL HWY., SUITE 200
 BOCA RATON, FL 33432**

2. Principal Place of Business

3. Mailing Address
40 ANN MONT, INC

Suite, Apt. #, etc.
6413 Congress Ave #220

Suite, Apt. #, etc.

City & State
Boca Raton, FL 33487

City & State

Zip
33487

Country

03102006 Chg-NP CR2E037 (11/05)

FEI Number
APPLIED FOR 20-3455282

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SKATOFF, JEFFREY H
 980 N. FEDERAL HWY., SUITE 200
 BOCA RATON, FL 33432**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD COMPARATO, JAMES 980 N. FEDERAL HWY., SUITE 200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KLEPPER, CARL E JR. 980 N. FEDERAL HWY., SUITE 200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKATOFF, JEFFREY H 980 N. FEDERAL HWY., SUITE 200 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, M Kelly V.P.D. 1275 GATWAY BLVD BOYNTON BEACH FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVE LISOR V.P.S.D. 1275 GATWAY BLVD BOYNTON BEACH, FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT D'ANGELO V.P.S.D. 980 N. FEDERAL HWY SUITE 200 BOCA RATON, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Timothy R. Kelly Date: 3/21/06 Daytime Phone: 561-364-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40039100

