


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90034 039 ****61.25

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| DOCUMENT # N04000008041 | | | |  | |
| 1. Entity Name SUNTRUST RENAISSANCE CENTER CONDOMINIUM ASSOC., INC. | | | | | |
| Principal Place of Business 1401 HIGHWAY A1A SUITE 203 VERO BCH, FL 32963 | | | Mailing Address 1401 HIGHWAY A1A SUITE 203 VERO BCH, FL 32963 | | |
| 2. Principal Place of Business 110 South 2nd Street Suite, Apt. #, etc. | | 3. Mailing Address 110 South 2nd Street Suite, Apt. #, etc. | | | |
| City & State Fort Pierce, FL | | City & State Fort Pierce, FL | | 4. FEI Number 20-1875959 | |
| Zip 34950 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CASALINO, GREGG M ESQ. 3111 CARDINAL DR. VERO BCH, FL 32963 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD LEOPOLDO, HENRIQUEZ 1401 HWY. A1A, SUITE 203 VERO BCH, FL 32963 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LEOPOLDO, HENRIQUEZ JR. 1401 HWY. A1A, SUITE 203 VERO BCH, FL 32963 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BELL, RONALD 1401 HWY. A1A, SUITE 203 VERO BCH, FL 32963 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Kendahl Galego 110 South 2nd Street Fort Pierce, FL 34950 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <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 fees like empowered. | | | | | |
| SIGNATURE: _____ | | 1/17/06 | | 972/231-6900 | |
| SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |