

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008718

FILED
Apr 28, 2008
Secretary of State

Entity Name: RENAISSANCE ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3205 DUCHESS CT.
PLANT CITY, FL 33565

New Principal Place of Business:

Current Mailing Address:

3205 DUCHESS CT.
PLANT CITY, FL 33565

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKES, GREG
3205 DUCHESS CT.
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

WEEKES, GREG
3205 DUCHESS CT.
PLANT CITY, FL 33565 US

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: GREG WEEKES

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEEKES, GREG
Address: 3205 DUCHESS CT.
City-St-Zip: PLANT CITY, FL 33565

Title: D () Delete
Name: BARNES, JAMES
Address: 3218 DUCHESS CT.
City-St-Zip: PLANT CITY, FL 33565

Title: D () Delete
Name: LINGO, ANDREA
Address: 3209 DUCHESS CT.
City-St-Zip: PLANT CITY, FL 33565

Title: TR () Delete
Name: BARNES, JENNY
Address: 3218 DUCHESS CT.
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WEEKES, GREG
Address: 3205 DUCHESS CT.
City-St-Zip: PLANT CITY, FL 33565

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREG WEEKES

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date