## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008753

FILED Mar 02, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

BLOSSOM HOLDINGS, LLC
2019 FLAMINGO DR.
2019 FLAMINGO DR.
SEBRING, FL 33870
223 BARONESS CT.
PLANT CITY, FL 33565

Current Mailing Address: New Mailing Address:

BLOSSOM HOLDINGS, LLC
2019 FLAMINGO DR.
2019 FLAMINGO DR.
SEBRING, FL 33870
223 BARONESS CT.
PLANT CITY, FL 33565

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

HIGH, S. PATRICK

BLOSSOM HOLDINGS, LLC

2019 FLAMINGO DR

SEBRING, FL 33870 US

CALVO, KIM

3223 BARONESS 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: KIM CALVO 03/02/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 HIGH, S. PATRICK
 Name:
 CALVO, KIM

 Address:
 2019 FLAMINGO DR.
 Address:
 3223 BARONESS CT.

 City-St-Zip:
 SEBRING, FL 33870
 City-St-Zip:
 PLANT CITY, FL 33565

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: HIGH, NANCY W Name: RESS, ELENA

 Name:
 HIGH, NANCY W
 Name:
 RESS, ELENA

 Address:
 2019 FLAMINGO DR
 Address:
 2809 SEDONA TRACE

 City-St-Zip:
 SEBRING, FL 33870
 City-St-Zip:
 PLANT CITY, FL 33566

 Name:
 BENNETT, RICHARD C
 Name:
 RIEDY, REBECCA

 Address:
 4001 MCLANE DRIVE
 Address:
 3201 BARONESS CT.

 City-St-Zip:
 TAMPA, FL 33610
 City-St-Zip:
 PLANT CITY, FL 33565

I hereby certify that the information supplied with this filing does not qualify for the 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: KIM CALVO D 03/02/2007