

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90428 037 ****61.25

DOCUMENT # N04000009266					
1. Entity Name TRIANA III OF RENAISSANCE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12601 WESTLINKS DRIVE #7 FORT MYERS, FL 33913			Mailing Address 12601 WESTLINKS DRIVE #7 FORT MYERS, FL 33913		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number Applied For 20-2504806 Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 V NAME SHEA, JACK STREET ADDRESS 12601 WESTLINKS DRIVE #7 CITY-ST-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME THRON, DAN STREET ADDRESS 12601 WESTLINKS DRIVE #7 CITY-ST-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Delete		TITLE 71P NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME PERSICILLI, ANTHONY STREET ADDRESS 12601 WESTLINKS DRIVE #7 CITY-ST-ZIP FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete		TITLE STP NAME Fred Weidig STREET ADDRESS 12601 Westlinks Dr. #7 CITY-ST-ZIP Fort Myers FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME SHEA, JACK STREET ADDRESS 12601 WESTLINKS DRIVE #7 CITY-ST-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STP NAME THRON, DAN STREET ADDRESS 12601 WESTLINKS DRIVE #7 CITY-ST-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Delete		TITLE 71P NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 address, with all other like empowered.					
SIGNATURE: <u> Daniel E. Thron </u>			1-8-06 238-761-2607		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		