2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0400009266 1. Entity Name TRIANA III OF RENAISSANCE CONDOMINIUM ASSOCIATION, INC.							05-02-2006 9	-		
Principal Plac 12601 WEST FORT MYERS	TLINKS DRIVE #7		ailing Address 2601 WESTLINKS DRIVE #7 ORT MYERS, FL 33913							
Principal Place of Business 3. M		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01062006	Chg-NP	CR2E03	7 (11/05)	
City & State		City & State				4. FEI Number	20.25	504800		oplied For at Applicable
Zip	Country	Zip	Coun	ountry		5. Certificate of S	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent				7. Name and Ad	dress of New R	legistered A	\gent	
SHIELDS.	CHRISTOPHER J			Name						
1833 HENDRY STREET FORT MYERS, FL 33901				Street Add	ldress (P.0	O. Box Number is	Not Acceptable	e)		
				City				FL	Zip Cod	le .
. The state of	named entity submits this statement for					4	- 41 - 51 - A A E)		1 200	
the obligat	tions of registered agent.	the pulpose of chariging i	is registered	J Office Of 1	registerec	agent, or boart, i	ir the State of Fic	Jilua. Talli	giriniai wiii),	ана ассери
SIGNATURE										
	Signature, typed or printed name of registered agent a	ind title if applicable. (NC	TE: Registered	Agent signature	re required wh	hen reinstating)		DATE		
		9. Election Ca		nancing	\$	65.00 May Be		lake check	payable t	
10.	Signature, hyped or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Co Trust Fund	ampaign Fir	nancing	□ \$	55.00 May Be	Flor	lake check ida Depan	tment of S	tate
TITLE	Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Co Trust Fund	ampaign Fin Contribution	nancing	□ \$	55.00 May Be added to Fees	Flor	lake check ida Depan	tment of S	tate
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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 arrest less, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-06

231-764-250r

Date

Daytime Phone #