

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009266

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: TRIANA III OF RENAISSANCE CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

12601 WESTLINKS DRIVE #7  
FORT MYERS, FL 33913

## New Principal Place of Business:

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE, SUITE 49  
FORT MYERS, FL 33907

## Current Mailing Address:

12601 WESTLINKS DRIVE #7  
FORT MYERS, FL 33913

## New Mailing Address:

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE, SUITE 49  
FORT MYERS,, FL 33907

FEI Number: 20-2504806

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TROPICAL ISLAS MGMT  
12734 KENWOOD LANE  
STE. 49  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE  
STE. 49  
FORT MYERS, FL 33907 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: DON ROEDDING

03/19/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARTIN, SAMUEL  
Address: 137 LANCASTER RD  
City-St-Zip: NORTH ANDOVER, MA 01845

Title: S ( ) Delete  
Name: DIAZ, MARIA A  
Address: 212 BRIARWOOD DRIVE  
City-St-Zip: SOMERS, NY 10589

Title: VP ( ) Delete  
Name: HOLMES, GANE I  
Address: 9291 TRIZNI TERRACE #3  
City-St-Zip: FORT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: HELMS, GENE I  
Address: 9291 TRIANA TERRACE, #3  
City-St-Zip: FORT MYERS, FL 33912

Title: ST (X) Change ( ) Addition  
Name: DE ANNA, MARIO I  
Address: 9291 TRIANA TERRACE #2  
City-St-Zip: FORT MYERS, FL 33912

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: JEANNIE NESPOLI

CAM

03/19/2009

Electronic Signature of Signing Officer or Director

Date