

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 28, 2010  
Secretary of State**

DOCUMENT# N04000009266

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-2504806      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE  
STE. 49  
FORT MYERS, FL 33907 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARTIN, SAMUEL  
Address: 9260 TRIANA TERRACE #4  
City-St-Zip: FORT MYERS, FL 33912

Title: ST  
Name: PROBE, KIMBERLY I  
Address: 9280 TRIANA TERRACE, #2  
City-St-Zip: FORT MYERS, FL 33912

Title: VP  
Name: DEANNA, MARIO I  
Address: 9221 TRIANA TERRACE #2  
City-St-Zip: FORT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL MARTIN

P

03/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date