

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010539

FILED
Aug 04, 2005
Secretary of State

Entity Name: RENAISSANCE AT WASHINGTON RIDGE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1012 N. STREET N.W.
WASHINGTON, DC 20001

New Principal Place of Business:

430 SOUTH HARTSELL AVENUE
LAKELAND, FL 33815

Current Mailing Address:

1012 N. STREET N.W.
WASHINGTON, DC 20001

New Mailing Address:

430 SOUTH HARTSELL AVENUE
LAKELAND, FL 33815

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SAXON, BERNICE S ESQ.
SAXON GILMORE CARRAWAY GIBBONS LASH & WILC
201 EAST KENNEDY BLVD., SUITE 600
TAMPA, FL 33602 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DRISKELL, JIM
Address: % 430 SOUTH HARTSELL AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: VD () Delete
Name: KAUFMANN, ALAN
Address: % 430 SOUTH HARTSELL AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: SD () Delete
Name: HERNANDEZ, HERB
Address: % 430 SOUTH HARTSELL AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: TD (X) Delete
Name: RODIGER, STEPHAN
Address: % 430 SOUTH HARTSELL AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: D (X) Delete
Name: YAWN, MICHELLE
Address: % 430 SOUTH HARTSELL AVENUE
City-St-Zip: LAKELAND, FL 33815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: HERNANDEZ, HERB
Address: % 430 SOUTH HARTSELL AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: D (X) Change () Addition
Name: YAWN, MICHELLE
Address: % 430 SOUTH HARTSELL AVENUE
City-St-Zip: LAKELAND, FL 33815

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JIM DRISKELL

PRES

08/04/2005

Electronic Signature of Signing Officer or Director

Date