



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90028 004 \*\*\*\*61.25

<b>DOCUMENT # N04000011445</b> 1. Entity Name <b>TRIANA IV OF RENAISSANCE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>12601 WESTLINKS DRIVE #7 FORT MYERS, FL 33913</b>			Mailing Address <b>12601 WESTLINKS DRIVE #7 FORT MYERS, FL 33913</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip      Country		Zip      Country			
4. FEI Number <b>34-2032632</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901</b>			7. Name and Address of New Registered Agent Name <u>TROPICAL ISLES MANAGEMENT</u> Street Address (P.O. Box Number is Not Acceptable) <u>12734 REDWOOD LANE, SUITE 49</u> <u>FORT MYERS, FL</u> <u>33907</u> City <u>FL</u> 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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEIDIG, FRED 12631 WESTLINKS DR #3 FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fred Uhle 9231 TRIANA TERRACE #3 FT. MYERS, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ATKINS, MARIA 12631 WESTLINKS DR #3 FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Dr. Diane L. Egert 9251 TRIANA TERRACE #4 FT. MYERS, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIEBERT, PEGGY 12631 WESTLINKS DR #3 FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER MARILYN BRUMMER 9240 TRIANA TERRACE #4 FT. MYERS, FL 33912	<input type="checkbox"/> Change <input checked="" 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
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
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 an address with all other like empowered.					
<b>SIGNATURE:</b> <u>Fred Uhle</u>			1-28-08 (314) 4021500		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					