2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N04000011445

Entity Name: TRIANA IV 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 33913

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 33913

FEI Number: 34-2032632 **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:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE, SUITE 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: D. ROEDDING 04/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: UHLE, FRED
Address: 9231 TRIANA TERRACE #3
City-St-Zip: FORT MYERS, FL 33912

Title: VPD ( ) Delete
Name: EGER, DIANE L DR
Address: 9251 TRIANA TERRACE #3
City-St-Zip: FORT MYERS, FL 33912

Title: ST ( ) Delete
Name: BRUMMER, MARILYN
Address: 9240 TRIANA TERRACE #3
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: EGER, DIANE L DR
Address: 9251 TRIANA TERRACE #4
City-St-Zip: FORT MYERS, FL 33912

Title: ST (X) Change ( ) Addition
Name: BRUMMER, MARILYN
Address: 9240 TRIANA TERRACE #4
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 04/13/2009
Electronic Signature of Signing Officer or Director Date