

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004105

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: RENAISSANCE OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

% FIRST CHOICE ASSOCIATION MANAGEMENT, INC  
4174 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

% FIRST CHOICE ASSOCIATION MANAGEMENT, INC  
4174 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**New Mailing Address:**

FEI Number: 26-2745048      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NOLAN, JAMES  
% FIRST CHOICE ASSOCIATION MANAGEMENT, INC  
4174 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 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: PD ( ) Delete  
Name: DIGIOVANNI, DAVID  
Address: 7080 HIDDEN OAKS CIRCLE  
City-St-Zip: CLEARWATER, FL 33765

Title: VD ( ) Delete  
Name: LETIZE, RONALD  
Address: 1928 VALENCIA WAY  
City-St-Zip: CLEARWATER, FL 33765

Title: STD ( ) Delete  
Name: RIGATO, MIKE  
Address: 3939 ULMERTON ROAD  
City-St-Zip: CLEARWATER, FL 337624211

Title: D (X) Delete  
Name: DIGIOVANNI, AGOSTINO  
Address: 163 BAYSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33767

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DIGIOVANNI, DAVID  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: VD (X) Change ( ) Addition  
Name: LETIZE, RONALD  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: STD (X) Change ( ) Addition  
Name: DIGIOVANNI, MARIANN  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

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

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: JAMES NOLAN

AGEN

02/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date