2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOOLINAENT # NOCOOO07720



FILED Apr 06, 2007 8:00 am Secretary of State

1. Entity Name RENAISSANCE ESTATES PROPERTY OWNERS ASSOCIATION, INC.						04-	-06-2007 9	00049 032	****61.2	5	
Principal Place of Business 2801 SOUTH BAY STREET EUSTIS, FL 32726			Mailing Address 2801 SOUTH BAY STREET EUSTIS, FL 32726								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03212007 CI	hg-NP	CR2E037	7 (12/06)		
City & State			City & State			20 - 8680	7212		<u> </u>	plied For t Applicable	
Zip Country		Zip Co		Cou	intry	5. Certificate of Status Desired Sa.75 Additional Fee Required					
	6. Name	and Address of Current	Registere	d Agent			7. Name and Add	iress of New i	Registered A	gent	
SUMMERS, GARY L 380 WEST ALFRED STREET TAVARES, FL 32778-3298				Name Street Address			(P.O. Box Number is Not Acceptable)				
	(EO, 1 E OZ17	0 0230				City		<u></u>	FL	Zip Code	<u> </u>
	above named enti bligations of regis	ty submits this statement for	or the purpo	ose of changing its	register	l ed office or regis	tered agent, or both, in	the State of Fl		amiliar with,	and accept
SIGNATI		d or printed name of registered agen	l and i/de # appi	icable. (NOTE	E: Registere	d Agent Signature requi	ired when reinstating)		DATE		
	Filing Fo		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.				Trust Fund (Contribut	ion.	Added to Fees			ment of St	
TITLE NAME STREET ADD	D	OFFICERS AND D	RECTORS	Trust Fund (Contribut	ion.	Added to Fees ADDITIONS/CHANG	Flo	rida Depart		ate
CITY-ST-ZI	DRESS 2801 SO	V, ALAN A UTH BAY STREET	RECTORS	Trust Fund (11.	E		Flo	rida Depart		ate
	DRESS 2801 SO EUSTIS, D LEDFOR 2801 SO	V, ALAN A UTH BAY STREET FL 32726 D, MARTHA E UTH BAY STREET	RECTORS		11. TITL NAM STRI CITY TITL NAM STRI	E IE IEET ADDRESS -ST-ZIP		Flo	rida Depart	ECTORS IN	ate
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR