

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22972

FILED
Jan 15, 2006
Secretary of State

Entity Name: RENAISSANCE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

732 APALACHEE DR NE
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

732 APALACHEE DR NE
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 59-2867491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, LINDA
732 APALACHEE DR NE
ST. PETERSBURG, FL 33702 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: DP () Delete
Name: MENKE, ROBERT
Address: 8450 TALLAHASSEE DR. NE
City-St-Zip: ST PETERSBURG, FL 33702

Title: DV () Delete
Name: PETERSON, GARY
Address: 701 APALACHEE DR NE
City-St-Zip: ST PETERSBURG, FL 33702

Title: DT () Delete
Name: MILLER, LINDA
Address: 732 APALACHEE DR NE
City-St-Zip: ST PETERSBURG, FL

Title: DS () Delete
Name: CRABB, KELLI
Address: 600 APALACHEE DR NE.
City-St-Zip: ST PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: CRABB, ROGER
Address: 600 APALACHEE DR NE
City-St-Zip: ST PETERSBURG, FL 33702

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 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: LINDA MILLER

DT

01/15/2006

Electronic Signature of Signing Officer or Director

Date