

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45405 (0)

1. Corporation Name
RENAISSANCE VILLAGE, INC.

Principal Place of Business
**100 CRESTWOOD BOULEVARD SOUTH
ROYAL PALM BEACH FL 33411**

Mailing Address
**100 CRESTWOOD BOULEVARD SOUTH
ROYAL PALM BEACH FL 33411**



3. Date Incorporated or Qualified **09/30/1991** 3a. Date of Last Report **03/22/1995**

2. Principal Place of Business
21 **P.O. Box 4746** 2a. Mailing Address
26 **P.O. Box 4746**

4. FEI Number **65-0298299** Applied For
Not Applicable

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State 23 **Boynton Beach, FL** City & State 28 **Boynton Beach, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip 24 **33424** Country 25 **US** Zip 29 **33424** Country 30 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY #1, SUITE 300
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP, ARMBRUST, REV LEO F.	<input type="checkbox"/>
STREET ADDRESS	100 CRESTWOOD BOULEVARD	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	DV FLEMING, JOSEPH M.	<input type="checkbox"/>
STREET ADDRESS	440 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DST MATHIS, JOHN H	<input type="checkbox"/>
STREET ADDRESS	910 BRIARWOOD DRIVE	
CITY-ST-ZIP	HAVERHILL FL 33417	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	440 Royal Palm Way/Ste. 100		
1.3 STREET ADDRESS	Palm Beach, FL 33480		
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Oren S. Tasini		
4.3 STREET ADDRESS	11780 US Highway One		
4.4 CITY-ST-ZIP	North Palm Beach, FL 33408		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	300001919253		
6.3 STREET ADDRESS	-08/12/96--01045--019		
6.4 CITY-ST-ZIP	***61.25		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Oren S. Tasini* **SIGNATURE REQUIRED** Date **7-8-96** Daytime Phone # **(561) 627-8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Oren S. Tasini, Secretary** 0010102

CORPORATE (3/91)

Handwritten initials and date