


FILE NOW: FILING FEE IS \$61.25

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**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45405 (0)

1. Corporation Name
RENAISSANCE VILLAGE, INC.



Principal Place of Business P.O. BOX 4746 BOYNTON BEACH FL 33424 US	Mailing Address P.O. BOX 4746 BOYNTON BEACH FL 33424 US
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3. Date Incorporated or Qualified
09/30/1991

4. FEI Number
65-0298299

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

21. Principal Place of Business 11380 Prosperity Farms Rd Suite, Apt. #, etc. 22 Suite 209 A City & State 23 Palm Beach Gardens, FL Zip 24 33410	25. Mailing Address 11380 Prosperity Farms Rd Suite, Apt. #, etc. 27 Suite 209 A City & State 28 Palm Beach Gardens, FL Zip 29 33410	30. Country USA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY #1, SUITE 200
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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ARMBRUST, REV LEO F.	
STREET ADDRESS	440 ROYAL PALM WAY/ STE. 100	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FLEMING, JOSEPH M.	
STREET ADDRESS	440 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MATHIS, JOHN H	
STREET ADDRESS	910 BRIARWOOD DRIVE	
CITY-ST-ZIP	HAVERHILL FL 33417	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TASINI, OREN S	
STREET ADDRESS	11780 US HIGHWAY ONE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9 Admirals Court
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	7676 Steeplechase Drive
3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE **2/20/98**

CR2E037 (10/97)