


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90087 019 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45405

1. Corporation Name
RENAISSANCE VILLAGE, INC.

103311-90087-19

Principal Place of Business 11380 PROSPERITY FARMS RD SUITE 209 A PALM BEACH GARDENS FL 33410 US	Mailing Address 11380 PROSPERITY FARMS RD SUITE 209A PALM BEACH GARDENS FL 33410 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/30/1991
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0298299
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	25 Zip	29 Country
30 Zip	31 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ARMBRUST, REV LEO F.	
STREET ADDRESS	9 ADMIRALS CT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	DV	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	TASINI, OREN S	
STREET ADDRESS	7676 STEEPLE CHASE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dr. John Abuso
1.3 STREET ADDRESS	230 D. County Lane
1.4 CITY-ST-ZIP	Boynton Beach, FL 33435
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mr. Lee Cooke
2.3 STREET ADDRESS	6113 Royal Birkdale Drive
2.4 CITY-ST-ZIP	Lake Worth, FL 33463
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	7676 Steeple Chase Dr.
3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dr. Barbara Krantz
4.3 STREET ADDRESS	742 US Highway one
4.4 CITY-ST-ZIP	North Palm Beach, FL 33408
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 with all other like empowered.

SIGNATURE: *Katherine Harris*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 (561) 776-0890
 Date Daytime Phone #

CR2E037 (1/1/98)