2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700003662

1. Entity Name

RENAISSANCE POINTE HOMEOWNERS ASSOCIATION, INC.

FILED Feb 01, 2000 8:00 am Secretary of State

02-01-2000 90024 043 ****61 25

	1			02	-01-2000 90024 04:	5 101.23		
Principal Plac	e of Business	Mailing Address						
400 ST. ANDREWS BLVD. MELBOURNE FL 32940		400 ST. ANDREWS BLVD. MELBOURNE FL 32940-7501		ı				
				1 (44)(04)	nen janer ender onen Annes Aneen al	1914 aaiaa ildi a a iri a a i	HER (201 (86)	
2. Principal P	Place of Business	3. Mailing Address						
	North Drive	760 North Drive		1 189111981	PP# 20112 16813 60111 60112 00121 61	19)) GOIGE 11910 G 11110 G 1	וספו ועוו בווו	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE		
Suite D.		Suite D.			·			
City & State		City & State		4. FEI Number	59-3476052		plied For at Applie	
Melbourne, Fl. Zip Country			Melbourne, Fl Country		** 	\$8.75 Add		
32934	, ·	32934	USA	5. Certificate of	of Status Desired	Fee Required		
	6. Name and Address of Curren		ecera e	-7Name and	Address of New Registe	red Agent -		
			Name					
FALLACE, JAMES H			Street Addres	Street Address (P.O. Box Number is Not Acceptable) .				
	TH HICKORY STREET		 _			_		
MELBOURNE FL 32901			<u> </u>					
			City			FL Zip Code	9	
8. The above	named entity submits this statement f	or the purpose of changing its	registered office or regis	stered agent, or both	, in the state of Florida.			
	,							
SIGNATURE ,	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating)	رم	ATE		
,								
; ;	FILE NOW:	9. Election Campaign	9. Election Campaign Financing\$5.0		Make Che	eck Payable to	•	
FEE IS \$61.25		Trust Fund Contribution. Add		ided to Fees		nent of State		
10	OFFICERS AND D	IDECTORS	1 11	ADDITIONS (CHA	NGES TO OFFICERS AN	D DIBECTORS IN	10	
10.	DP .	Delete	11.	ADDITIONS/CHA	INGES TO OFFICERS AN	Change	Additio	
NAME	HALEY, JOHN D.	CT Objects	NAME			C Critings		
STREET ADDRESS	400 ST. ANDREWS BLVD.		STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL.		CITY-ST-ZIP					
TITLE	DV	☐ Delete	TITLE			Change	☐ Additio	
NAME	HALEY, NYRA K.		NAME					
STREET ADDRESS CITY-ST-ZIP	400 ST. ANDREWS BLVD.	_	STREET ADDRESS CITY-ST-ZIP					
TITLE	MELBOURNE FL STD	· C Polata	TITLE			Change	 Additio	
NAME	TIFFT, JO	· Delete	NAME					
STREET ADDRESS	400 ST. ANDREWS BLVD		STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL.		CITY-ST-ZIP					
TITLE	STD	☐ Delete	TITLE			☐ Change	☐ Additio	
NAME	SHEPARD, KELLIE		NAME					
STREET ADDRESS	400 ST. ANDREWS BLVD.		STREET ADDRESS					
CITY-ST-ZIP	MELBORNE FL 32940		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Additio	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TIŢLE			☐ Change	☐ Additio	
NAME		,	NAME			-		
STREET ADDRESS	,		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. Thereby o	certify that the information supplied wit	th this filing does not qualify for	r the exemption stated in	n Section 119.07(3)(i)	i, Hiorida Statutes. I furthe	r certify that the in	normation	

12. 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 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

1/20/00 Date

321-242-6210