

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003662

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

Principal Place of Business 400 ST. ANDREWS BLVD. MELBOURNE FL 32940	Mailing Address 400 ST. ANDREWS BLVD. MELBOURNE FL 32940-7501
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 760 North Drive Suite D. Melbourne, Fl. Zip 32934 Country USA	3. Mailing Address 760 North Drive Suite D. Melbourne, Fl. Zip 32934 Country USA
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4. FEI Number 59-3476052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALLACE, JAMES H
1900 SOUTH HICKORY STREET
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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

**FILE NOW:
FEE IS \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALEY, JOHN D. 400 ST. ANDREWS BLVD. MELBOURNE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALEY, NYRA K. 400 ST. ANDREWS BLVD. MELBOURNE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TIFFT, JO 400 ST. ANDREWS BLVD MELBOURNE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHEPARD, KELLIE 400 ST. ANDREWS BLVD. MELBORNE FL 32940 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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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: JOHN D. HALEY **REGISTRATION REQUIRED** 1/20/00 321-242-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #