

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90011 037 \*\*\*\*61.25

**DOCUMENT # N97000003662**

1. Entity Name

**RENAISSANCE POINTE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

760 NORTH DRIVE  
 SUITE D  
 MELBOURNE FL 32940

Mailing Address

400 ST. ANDREWS BLVD.  
 SUITE D  
 MELBOURNE FL 32940

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

760 North Drive, Ste. D

Suite, Apt. #, etc.

Ste. D

City & State

Melbourne, FL

Zip

32940

Country

Brevard



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3476052

Applied For

Not Applicable

5. Certificate of Status Desired

**\$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

Marie Thibodeaux

Street Address (P.O. Box Number is Not Acceptable)

760 North Drive, Suite D.

Melbourne, FL, 32940

City

FL

Zip Code

32940

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 Marie Thibodeaux, Prop. Mgr.

*Marie Thibodeaux*

4/23/01

Signature, typed or printed name of registered agent and title if applicable.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP Solley, Charles	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	361 Shell Cove Drive	
CITY-ST-ZIP	Melbourne, FL, 32940	
TITLE NAME	DV Cario, Peter	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	380 Shell Cove Drive	
CITY-ST-ZIP	Melbourne, FL, 32940	
TITLE NAME	STD Noe, Joyce	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	491 Shell Cove Drive	
CITY-ST-ZIP	Melbourne, FL, 32940	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

321-255-8119

Date

Daytime Phone #

CR2E037 (10/00)

00387-3