

2002 UNIFORM BUSINESS REPORT (UBR)

5/9/

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-09-2002 90044 030 ****61.25

DOCUMENT # N97000003662

1. Entity Name

RENAISSANCE POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

SPACE COAST PROPERTY MGMT.
760 NORTH DRIVE 1617 COOLING AVE.
SUITE D MELBOURNE, FL MELBOURNE FL 32940
32935

91127

2. Principal Place of Business

1617 COOLING AVE

3. Mailing Address

1617 COOLING AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE FL

4. FEI Number

59-3476052

Applied For

Not Applicable

Zip

32935

Country

USA

Zip

32935

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THIBODEAUX, MARIE
760 NORTH DRIVE
D
MELBOURNE FL 32940

SPACE COAST PROPERTY MGMT.
1617 COOLING AVE
MELBOURNE, FL

7. Name and Address of New Registered Agent

Name **SPACE COAST PROPERTY MANAGEMENT**

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

1617 COOLING AVE.

City **MELBOURNE**

FL

Zip Code

32935

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 Kevin Campbell

Property Mgr.

5/30/02

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	DP	<input checked="" type="checkbox"/> Delete
NAME	SOLLEY, CHARLES	
STREET ADDRESS	381 SHELL COVE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CARIO, PETER	
STREET ADDRESS	380 SHELL COVE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	NOE, JOYCE	
STREET ADDRESS	491 SHELL COVE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SHEPARD, KELLIE	
STREET ADDRESS	400 ST. ANDREWS BLVD.	
CITY-ST-ZIP	MELBORNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Will Sappington	
STREET ADDRESS	348 Renaissance Ave.	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Kaplan	
STREET ADDRESS	511 Shell Cove Drive	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	SEC./Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Young	
STREET ADDRESS	517 Willis Way	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 Required

4/30/02

321.253.0900

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/01)