


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90027 002 \*\*\*\*61.25

**DOCUMENT # N97000003662**  
 1. Entity Name  
**RENAISSANCE POINTE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**FRANCIS M. STEWART, CPA.**      **6939 N. WICKHAM RD**  
**1617 COOLING AVE**              **MELBOURNE FL 32940**  
**MELBOURNE FL 32935**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                  Suite, Apt. #, etc.  
 City & State                          City & State  
 Zip    Zip    Country    Country



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**59-3476052**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STEWART, FRANCIS M.C.P.A.**  
**6939 N. WICKAM RD**  
**MELBOURNE FL 32940**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURERS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN, SUE		NAME	JIM YOUNG	
STREET ADDRESS	511 SHELL COVE DR		STREET ADDRESS	517 WILLIS WAY	
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLINGS, JOSEPH		NAME	MARIE DEE HOWARD	
STREET ADDRESS	469 RENAISSANCE AVE.		STREET ADDRESS	338 RENAISSANCE AVE	
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERLIN, HOWARD L		NAME	GALE SOLLEY	
STREET ADDRESS	518 RENAISSANCE AVE		STREET ADDRESS	361 SHELL COVE DR.	
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADER, ALME		NAME		
STREET ADDRESS	550 SHELL COVE DR.		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP		
TITLE	TSD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, BERNICE		NAME		
STREET ADDRESS	499 RENAISSANCE AVE.		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Jim Young*      1-27-05      321-757-3077  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #