


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90092 050 ****61.25

| | | |
|---|---------------------|---|
| DOCUMENT # N97000003662 | |  |
| 1. Entity Name RENAISSANCE POINTE HOMEOWNERS ASSOCIATION, INC. | | |
| Principal Place of Business FRANCIS M. STEWART, CPA. 1617 COOLING AVE MELBOURNE FL 32935 | | Mailing Address 6939 N. WICKHAM RD MELBOURNE FL 32940 |
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |



1st MOORE CR2E037 (10/05)

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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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | |
|--|--|--|--|
| T YOUNG, JIM 517 WILLIS WAY MELBOURNE FL 32940 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VD MULLINGS, JOSEPH 469 RENAISSANCE AVE. MELBOURNE FL 32940 | <input checked="" type="checkbox"/> Delete | VD DILL, DAVID 558 RENAISSANCE AVE. MELBOURNE, FL 32940 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| PD SHERLIN, HOWARD L 518 RENAISSANCE AVE MELBOURNE FL 32940 | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D HOWARD, MARIE D 338 RENAISSANCE AVE MELBOURNE FL 32940 | <input type="checkbox"/> Delete | PD HOWARD, MARIE D 338 RENAISSANCE AVE MELBOURNE, FL 32940 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| S SOLLEY, GALE 361 SHELL COVE DR MELBOURNE FL 32940 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | D PRELLER, CANDACE 508 RENAISSANCE AVE. MELBOURNE, FL 32940 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* JAN 25 2006 321-757-3077