

**2007** **FOR-PROFIT CORPORATION**  
**ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90024 009 \*\*\*\*61.25

**DOCUMENT # N97000003662**

1. Entity Name

**RENAISSANCE POINTE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**FRANCIS M. STEWART, CPA.**  
~~1617 COOLING AVE~~  
**MELBOURNE FL 32935**

**6939 N. WICKHAM RD**  
**MELBOURNE FL 32940**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

**59-3476052**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, FRANCIS M C.P.A.**  
**6939 N. WICKAM RD**  
**MELBOURNE FL 32940**

Name

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

City

**FL**

Zip Code

B. 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

T  
NAME: **YOUNG, JIM**  Delete  
STREET ADDRESS: **517 WILLIS WAY**  
CITY- ST- ZIP: **MELBOURNE FL 32940**

T/D  
NAME: **Bernice Morris**  Change  Addition  
STREET ADDRESS: **499 Renaissance Ave**  
CITY- ST- ZIP: **Melbourne, FL 32940**

VD  
NAME: **DILL, DAVID**  Delete  
STREET ADDRESS: **558 RENAISSANCE AVE**  
CITY- ST- ZIP: **MELBOURNE FL 32940**

Change  Addition

PD  
NAME: **HOWARD, MARIE D**  Delete  
STREET ADDRESS: **338 RENAISSANCE AVE**  
CITY- ST- ZIP: **MELBOURNE FL 32940**

P/D  
NAME: **Susanne Sherlin**  Change  Addition  
STREET ADDRESS: **518 Renaissance Ave**  
CITY- ST- ZIP: **Melbourne, FL 32940**

S  
NAME: **SOLLEY, GALE**  Delete  
STREET ADDRESS: **361 SHELL COVE DR**  
CITY- ST- ZIP: **MELBOURNE FL 32940**

Change  Addition

D/S  
NAME: **PRELLER, CANDACE**  Delete  
STREET ADDRESS: **508 RENAISSANCE AVE**  
CITY- ST- ZIP: **MELBOURNE FL 32940**

D  
NAME: **Wilma I. Grader**  Change  Addition  
STREET ADDRESS: **550 Shell Cove Dr.**  
CITY- ST- ZIP: **Melbourne, FL 32940**

Delete

Change  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:

*Bernice Morris*

**Bernice Morris**

1-26-07

321-951-2411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #