

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003662

FILED
Mar 16, 2009
Secretary of State

Entity Name: RENAISSANCE POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

FRANCIS M. STEWART, CPA.
6939 N WICKHAM RD
MELBOURNE, FL 32940

New Principal Place of Business:

New Mailing Address:

FRANCIS M. STEWART, CPA.
6939 N WICKHAM RD
MELBOURNE, FL 32940

Current Mailing Address:

6939 N. WICKHAM RD
MELBOURNE, FL 32940

FEI Number: 59-3476052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MORRIS, BERNICE
Address: 499 RENAISSANCE AVE.
City-St-Zip: MELBOURNE, FL 32940

Title: VD () Delete
Name: MCLAIN, JEAN
Address: 557 WILLIS WAY
City-St-Zip: MELBOURNE, FL 32940

Title: PD () Delete
Name: SHERLIN, SUSANNE
Address: 518 RENAISSANCE AVE.
City-St-Zip: MELBOURNE, FL 32940

Title: DS () Delete
Name: SOLLEY, GALE
Address: 361 SHELL COVE DR
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Delete
Name: GRADER, WILMA I
Address: 550 SHELL COVE DR.
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SAPPINGTON, WILL
Address: 348 RENAISSANCE AVE.
City-St-Zip: MELBOURNE, FL 32940

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECD (X) Change () Addition
Name: PRELLER, CHARLES
Address: 508 RENAISSANCE AVE.
City-St-Zip: MELBOURNE, FL 32940

Title: TRD (X) Change () Addition
Name: YOUNG, JAMES
Address: 517 WILLIS WAY
City-St-Zip: MELBOURNE, FL 32940

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILL SAPPINGTON

PD

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date