

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003662

FILED
Mar 12, 2010
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:

Current Mailing Address:

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

New Mailing Address:

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: PD
Name: SAPPINGTON, WILBUR M
Address: 348 RENAISSANCE AVE.
City-St-Zip: MELBOURNE, FL 32940

Title: VPD
Name: IZON, GEORGE
Address: 547 WILLIS WAY
City-St-Zip: MELBOURNE, FL 32940

Title: SECD
Name: PRELLER, CHARLES F
Address: 508 RENAISSANCE AVE.
City-St-Zip: MELBOURNE, FL 32940

Title: TRD
Name: YOUNG, JAMES
Address: 517 WILLIS WAY
City-St-Zip: MELBOURNE, FL 32940

Title: DAL
Name: COLEMAN, JACK
Address: 378 RENAISSANCE AVE
City-St-Zip: MELBOURNE, FL 32940

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM SAPPINGTON

PD

03/12/2010

Electronic Signature of Signing Officer or Director

_____ Date