

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 10, 2003 8:00 am  
Secretary of State

02-10-2003 90451 008 \*\*\*\*61.25

DOCUMENT # **N97000003662**

1. Entity Name  
**RENAISSANCE POINTE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**SPACE COAST PROPERTY MANAGEMENT  
1617 COOLING AVE  
MELBOURNE FL 32935**

Mailing Address  
**1617 COOLING AVE  
MELBOURNE FL 32935**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**Francis M. Stewart, CPA**  
Suite, Apt. #, etc.

3. Mailing Address  
**6939 N. Wickham Rd.**  
Suite, Apt. #, etc.

City & State

City & State  
**Melbourne, FL**

4. FEI Number **59-3476052**

Applied For  
Not Applicable

Zip Country

Zip Country  
**32940 Brevard**

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

6. Name and Address of Current Registered Agent

**SPACE COAST PROPERTY MANAGEMENT  
1617 COOLING AVE  
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name **Francis M. Stewart C.P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**6939 N. Wickham Rd.**  
City **Melbourne** FL Zip Code **32940**

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SAPPINGTON, WILL 348 RENAISSANCE AVE MELBOURNE FL 32940</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Sue Kaplan 511 Shell Cove Dr. Melbourne, FL 32940</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KAPLAN, SUE 511 SHELL COVE DR MELBOURNE FL 32940</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Chuck Naegel 370 Shell Cove Dr. Melbourne, FL 32940</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD YOUNG, JIM 517 WILLIS WAY MELBOURNE FL 32940</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Howard L. Shelton 518 Renaissance Ave Melbourne, FL 32940</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Marie D. Howard 338 Renaissance Ave. Melbourne, FL 32940</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Bernice Morris 499 Renaissance Ave. Melbourne, FL 32940</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-751-2411