

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State

09-07-2005 90011 011 ****61.25

DOCUMENT # 701849

1. Entity Name
YACHT CLUB APARTMENTS ASSOCIATION OF VENICE, INC.



Principal Place of Business
**VENICE, INC.
1325 TARPON CENTER ROAD
VENICE, FL 34285**

Mailing Address
**VENICE, INC.
1325 TARPON CENTER ROAD
VENICE, FL 34285**

14019390



2. Principal Place of Business
VENICE FL

3. Mailing Address
YACHT CLUB APTS ASSOC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09022005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0936012

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

**STEWARTS
ATTN: SANDY MACINTYRE
1224 RIDGEWOOD AVE.
VENICE, FL 34292-1939**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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

TITLE **D** ☒ Delete
NAME **KRENZ, ROGER K**
STREET ADDRESS **1325 TARPON CENTER DR #22**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE **D** ☐ Change ☒ Addition
NAME **NANCY BUZERAK**
STREET ADDRESS **1325 TARPON CTR DR #18**
CITY-ST-ZIP **VENICE FL 34285**

TITLE **DT** ☐ Delete
NAME **HOLLAND, JOHN M**
STREET ADDRESS **1325 TARPON CENTER #5**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **LUCK, JAMES**
STREET ADDRESS **609 CADIZ RD**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WOOD, NORMAN**
STREET ADDRESS **1325 TARPON CENTER #3**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **LEDWIDGE, ROSEMARY**
STREET ADDRESS **1325 TARPON CENTER #14**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **GODLEY, WILLIAM**
STREET ADDRESS **1325 TARPON CENTER**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James S. Luck **James S. Luck**

9/2/05

941-484-6120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #