

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$195 (IF INCORPORATED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

1995 JUL 13 AM 8:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 702572 (9)

1. Corporation Name
VENETIAN SHORES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 P O BOX 1732 ISLAMORADA FL 33038-6560 P O BOX 1732 ISLAMORADA FL 33038-6560

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/19/1961	3a. Date of Last Report 08/02/1994
4. FEI Number 59-1718478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent GONICK, ELY 140 EONI ISLAMORANDA FL 33036		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			FL
			85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MURRAY	1.2 NAME	
STREET ADDRESS	132 SAN REMO DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONICK, ELY	2.2 NAME	Gonick, Ely
STREET ADDRESS	140 LEONI	2.3 STREET ADDRESS	140 Leoni
CITY-ST-ZIP	ISLAMORADA FL	2.4 CITY-ST-ZIP	Islamorada FL
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOMB, BRIAN	3.2 NAME	McComb, Brian
STREET ADDRESS	116 GIARDINO	3.3 STREET ADDRESS	116 Giardino
CITY-ST-ZIP	ISLAMORADA FL	3.4 CITY-ST-ZIP	Islamorada FL
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAPPMAN, TEDDY	4.2 NAME	Reu, Nancy
STREET ADDRESS	141 LEONI DR	4.3 STREET ADDRESS	154 Stromboli
CITY-ST-ZIP	ISLAMORADA, FL 00000	4.4 CITY-ST-ZIP	Islamorada FL
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWALBERT, JAMES	5.2 NAME	
STREET ADDRESS	100 BAYVIEW ISLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JIM	6.2 NAME	
STREET ADDRESS	128 BAYVIEW ISLE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James G. Schwalbert James G. Schwalbert 6/13/95 305 664 4898
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)