

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Mar 28, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 702572 (9)**

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



Principal Place of Business <b>P O BOX 1732 ISLAMORADA FL 33036-6560</b>	Mailing Address <b>P O BOX 1732 ISLAMORADA FL 33036-6560</b>
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3. Date Incorporated or Qualified <b>06/19/1961</b>	3a. Date of Last Report <b>07/13/1995</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>59-1718478</b>	Applied For Not Applicable
Country 25	Country 30	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**GONICK, ELY**  
**140 EONI**  
**ISLAMORADA FL 33036**  
*Leoni Drive*

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COOPER, MURRAY</b>		1.2 NAME <b>Barbara Kelly</b>	
STREET ADDRESS <b>132 SAN REMO DR</b>		1.3 STREET ADDRESS <b>141 Palo de Oro Drive</b>	
CITY-ST-ZIP <b>ISLAMORADA FL</b>		1.4 CITY-ST-ZIP <b>Islamorada, FL 33036</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GONICK, ELY</b>		2.2 NAME <b>Dick Nelson</b>	
STREET ADDRESS <b>140 LEONI</b>		2.3 STREET ADDRESS <b>132 Bayview Isle Dr.</b>	
CITY-ST-ZIP <b>ISLAMORADA FL</b>		2.4 CITY-ST-ZIP <b>Islamorada FL 33036</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCCOMB, BRIAN</b>		3.2 NAME	
STREET ADDRESS <b>116 GIARDINO</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>ISLAMORADA FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>REV, NANCY</b>		4.2 NAME <b>Nancy Reu</b>	
STREET ADDRESS <b>154 STROMBOLI</b>		4.3 STREET ADDRESS <b>154 Stromboli Drive</b>	
CITY-ST-ZIP <b>ISLAMORADA, FL 00000</b>		4.4 CITY-ST-ZIP <b>Islamorada FL 33036</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHWALBERT, JAMES</b>		5.2 NAME <b>Ingeborg Zelazny</b>	
STREET ADDRESS <b>100 BAYVIEW ISLE</b>		5.3 STREET ADDRESS <b>136 Bayview Isle Drive</b>	
CITY-ST-ZIP <b>ISLAMORADA FL</b>		5.4 CITY-ST-ZIP <b>Islamorada FL 33036</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEE, JIM</b>		6.2 NAME	
STREET ADDRESS <b>128 BAYVIEW ISLE DR</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>ISLAMORADA FL</b>		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)(k), 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:** *Ingeborg Zelazny* Treasurer 3/23/96 305-664-4557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)