

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

**FILED**

**Feb 07 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 702572 (9)**  
1. Corporation Name  
**VENETIAN SHORES HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**P O BOX 1732 ISLAMORADA FL 33036-6560** **P O BOX 1732 ISLAMORADA FL 33036-1732**

3. Date Incorporated or Qualified **06/19/1961** 3a. Date of Last Report **03/28/1996**  
4. FEI Number **59-1718478** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent  
**GONICK, ELY  
140 LEONI DRIVE  
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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, BARBARA	
STREET ADDRESS	141 PALO DE ORO DRIVE	
CITY - ST - ZIP	ISLAMORADO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NELSON, DICK	
STREET ADDRESS	132 BAYVIEW ISLE DR	
CITY - ST - ZIP	ISLAMORADA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REU, NANCY	
STREET ADDRESS	124 STROMBOLI DRIVE	
CITY - ST - ZIP	ISLAMORADA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	INGEBORG, ZELAZNY	
STREET ADDRESS	136 BAYVIEW ISLE DRIVE	
CITY - ST - ZIP	ISLAMORADA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD RICHARD VENEZIA
1.3 STREET ADDRESS	160 VALENCIA DRIVE
1.4 CITY - ST - ZIP	ISLAMORADA, FL. 33036
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD TERIE MCCOMB
3.3 STREET ADDRESS	116 GIARDINO DRIVE
3.4 CITY - ST - ZIP	ISLAMORADA, FL. 33036
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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* Ingeborg Zelazny Treasurer Date 2/1/97 664-4557 Daytime Phone # 0024311

CR2E037 (9/96)