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

**NONPROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

- - ----



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

Mailing Address

VENETIAN SHORES HOME OWNERS ASSOCIATION, INC.

Suite, Apt. #, etc.    Suite, Apt. #, etc.   27   27   27   28   28   29   29   29   29   20   29   29   29	P O BOX 1732 ISLAMORADA FL 33036-6560		P O BOX 1732 ISLAMORADA FL 33036-1732					
Sullin, Apil. 8, etc.    Sullin, Apil. 8, etc.						3. Date Incorporated or Qualified 06/19/1961	3a. Date of La 03/28/	st Report 1996
SUID. Apt L #, etc.   27   Suite. Apt #, etc.   27   Suite. Apt #, etc.   27   Suite.   27   Suite.   28   28   City & State   6. Election Campsign Financing   35.00 May 89   Added to Fees   72 p   2 country   72 p   2 cou	2. Principal Pir	ace of Business	2a. Mailing Address			4. FEI Number		<del>- '</del>
City & Stale   27   28   29   29   30   5   5   5   5   5   5   5   5   5	21							Not Applicable
City & State    29	¬ '''		<del> </del>			5. Certificate of Status Desired		
Trust Fund Contribution   Added to Fees   Ad	City & State					& Floation Compaign Financing		·····
2p   Country   Zip   Country   State	¬ '	i				' ' '		
9. Name and Address of Current Registered Agent  GONICK, ELY 140 LEONI DRIVE SIAMORANDA FL 33036  54 City  FL 55 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. 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. 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 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 Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent and the state of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and the purpose of changing its registered office or registered agent and the purpose of changing its registered office or registered agent age		Country		Country	y	8. This corporation has liability for int	tangible tax und	
GONICK, ELY 140 LEONI DRIVE ISLAMORANDA FL 33038  40 City FL 85 Zincer Address (P.O. Box Number is Not Acceptable)  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 agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Sections 617,0503, Florida Statutes.  SIGNATURE  SIGNA	24			30		,		
GONICK, ELY 140 LEONI DRIVE ISLAMORANDA FL 33038  82 Sireet Address (P.O. Box Number is Not Acceptable)  83 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 agent. I am Remiliar with, and accept the obligations of, Section 175 0503, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am Remiliar with, and accept the obligations of, Section 175 0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. MAKE  15. STIRET ADDRESS  16. Change Addition  16. Change Addition  17. ST. 2P  18. STIRET ADDRESS  18. STIRET ADDRESS  18. STIRET ADDRESS  19. STIRET ADDRESS  19. STIRET ADDRESS  11. STIRET ADDRESS  11. STIRET ADDRESS  11. STIRET ADDRESS  11. STIRET ADDRESS  15. STIRET ADDRESS  16. STIRET ADDRESS  17. ST. 2P  18. STIRET ADDRESS  19. STIRET ADDRESS  19. STIRET ADDRESS  19. STIRET ADDRESS  11. STIRET ADDRESS  11. STIRET ADDRESS  11. STIRET ADDRESS  11. STIRET ADDRESS  12. STIRET		9. Name and Address of Current	Registered Agent	-	Talama	10. Name and Address of New Regi	stered Agent	
140 LEONI DRIVE  SLAMORANDA FL 33038  Set City  FL Set 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 agent. and the accept the obligations of, Section 17 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent. and the accept the obligations of, Section 17 0503, Florida Statutes.  SIGNATURE  SIGNATURE  DELETE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. MARE  NEELY, BARBARA  12. MARE  SIERT ADDRESS  141 PALO DE ORO DRIVE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  MARE  SIERT ADDRESS  141 PALO DE ORO DRIVE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  VD				61	Name			
SIAMORANDA FL 33038				82 Street Add		dress (P.O. Box Number is Not Acceptable)		
T1. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids. Statutes, the above-named corporation submits this statement for the purpose of changing fits registered agent. an affailar with, and accept the obligations of, Section 617.0503. Florids. Statutes. Signature agent that affailar with, and accept the obligations of, Section 617.0503. Florids Statutes.  SIGNATURE  Signature hybrid or prived stand of no winest speet and too r applications of, Section 617.0503. Florids Statutes. Signature hybrid or prived stand of no winest speet and too r applications of, Section 617.0503. Florids Statutes. Signature hybrid or prived stand of no winest speet and too r applications of, Section 617.0503. Florids Statutes. Signature hybrid or prived stand of no winest speet and too r applications of, Section 617.0503. Florids Statutes. Signature hybrid or prived stand or private speet and too r applications of, Section 617.0503. Florids Statutes and too r applications of, Section 617.0503. Florids Statutes and too r applications of, Section 617.0503. Florids Statutes and too r applications of, Section 617.0503. Florids Statutes and too r applications of, Section 617.0503. Florids Statutes and too r applications of, Section 617.0503. Florids Statutes and too r applications of, Section 617.0503. Florids Statutes and too r applications of, Section 617.0503. Florids Statutes and too r applications of, Section 617.0503. Florids Statutes and too r applications of, Section 617.0503. Florids Statutes and too r applications of, Section 617.0503. Florids Statutes and too r applications of, Section 617.0503. Florids Statutes and too r applications of, Section 617.0503. Florids Statutes and too r application of the corporation of the corporation of the section of the section of the section of the corporation of the corporation of the section of the section of the corporation of the corporation of the section of the corporation of the section of the section of the corporation of the section of the corporation of the section				83				
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 that familiars with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature Type of the obligations of, Section 617,0503, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE TYPE INTERPRETATION OF THE Registered Agent signature registered when reinstating in the property of the property of the corporation	ISLAMUH	KANDA FL 33036			<u> </u>			
11. Pressant to the provisions of Sections 617 (500) and 617 (500). Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am familiar with, and accept the obligations of, Section 617 (503). Florida Statutes.  SIGNATURE    12.				84	City		FI 85	Zip Code
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 almale with, and accept the obligations of, Section 617,503, Florida Statutes.    Signature	11. Pursuant I	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the abov	ıe-named ı	corporation submits this statement for the pur	rnose of changing	ng its registered
TITLE  NAME  KELLY, BARBARA  1.2 NAME  KELLY, BARBARA  1.2 NAME  SIREET ADDRESS  1.4 DPLO DE ORO DRIVE  1.5 STREET ADDRESS  1.4 DPLO DE ORO DRIVE  1.5 STREET ADDRESS  1.5 STREET ADDRESS  1.5 STREET ADDRESS  SIREET ADDRESS  CITY-SI-ZIP  SIREET ADDRESS  SIREET ADDRESS  CITY-SI-ZIP  SIREET ADDRESS  CITY-SI-ZIP  SIREET ADDRESS  SIREET	office or re agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 617.0503, Flori	uthorized b	v the corp	oration's board of directors. I hereby accept	the appointmen	it as registered
TITLE  NAME  KELLY, BARBARA  1.2 NAME  KELLY, BARBARA  1.2 NAME  SIREET ADDRESS  1.4 DPLO DE ORO DRIVE  1.5 STREET ADDRESS  1.4 DPLO DE ORO DRIVE  1.5 STREET ADDRESS  1.5 STREET ADDRESS  1.5 STREET ADDRESS  SIREET ADDRESS  CITY-SI-ZIP  SIREET ADDRESS  SIREET ADDRESS  CITY-SI-ZIP  SIREET ADDRESS  CITY-SI-ZIP  SIREET ADDRESS  SIREET	SIGNATURE _	Signature, typed or printed name of registered ager	it and little if applicable (NOTE:	Registered Ag	ent signature :	required when reinstating)	DATE	
NAME   KELLY, BARBARA   12 NAME   13 STREET ADDRESS   16 Û VÂLENCTĂ DRIVE   18 LAMORADA   18 LAMOR	12.	OFFICERS AND	DIRECTORS				RS AND DIREC	TORS IN 12
STREET ADDRESS 141 PALO DE ORD DRIVE 13 STREET ADDRESS 12 LAMORADO FL 14 CITY-ST-2P ISLAMORADO, FL 33 Q 36  TITLE VD DELETE 21 TITLE 22 NAME  NELSON, DICK 22 NAME  STREET ADDRESS 132 BAYVIEW ISLE DR 23 STREET ADDRESS 132 BAYVIEW ISLE DR 23 STREET ADDRESS 132 STREET ADDRESS 132 STREET ADDRESS 132 STREET ADDRESS 132 STREET ADDRESS 142 STROMBOLI DRIVE 15 LAMORADA FL 32 NAME 11 G G IA 3 D IN O DRIVE 15 LAMORADA FL 32 STREET ADDRESS 124 STROMBOLI DRIVE 15 LAMORADA FL 32 NAME 11 G G IA 3 D IN O DRIVE 15 LAMORADA FL 1	TITLE	PD	DELETE	1.1 TITLE		Ph	Char	nge 🔲 Addition
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NAME REU, NANCY  124 STROMBOLI DRIVE  132 NAME  116 GIARDINO DRIVE  117 ST-2IP  INCE  10 DELETE  118 MORADA FL  124 STROMBOLI DRIVE  134 CITY-ST-2IP  118 INGEBORG, ZELAZNY  125 INAME  126 STREET ADDRESS  127 - ST-2IP  118 INGEBORG, ZELAZNY  127 NAME  128 STREET ADDRESS  136 BAYVIEW ISLE DRIVE  136 BAYVIEW ISLE DRIVE  137 DELETE  138 DAYVIEW ISLE DRIVE  139 DELETE  140 CITY-ST-2IP  118 DELETE  151 TITLE  151 TITLE  152 NAME  153 STREET ADDRESS  153 STREET ADDRESS  154 CITY-ST-2IP  171 E  171 E  171 E  171 E  172 DELETE  174 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; the lamb and 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						<del>en</del>	TVI Cha	I Addition
STREET ADDRESS  124 STROMBOLI DRIVE  33 STREET ADDRESS  116 GIARDINO DRIVE  34 CITY-ST-ZIP  TITLE  TD  DELETE  41 TITLE  NAME  INGEBORG, ZELAZNY  42 NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  51 TITLE  Change  Addition  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Change  Change  Change  Change  Change  Change  Change  Addition  Change	<b>\</b>	<del></del>					LAJ Unai	л <b>о</b> в [] мошнон
CITY-ST-ZIP ISLAMORADA FL  TITLE  TD  NAME INGEBORG, ZELAZNY  A. 2 NAME SIRRET ADDRESS  CITY-ST-ZIP ISLAMORADA FL  A. 2 NAME  4. 2 NAME  5. 1 NTILE  CITY-ST-ZIP  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5. 1 NTILE  S. 3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  Addition  STREET ADDRESS  CITY-ST-ZIP  1. 1 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; the lam 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								
TITLE TO DELETE 4.1 TITLE Change Addition NAME INGEBORG, ZELAZNY 4.2 NAME  SIREET ADDRESS 136 BAYVIEW ISLE DRIVE 4.3 STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.3 STREET ADDRESS CITY-ST-ZIP 6.2 NAME STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP TITLE 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP TITLE 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP TITLE 7.4 DO hereby certify that the information supplied with this filling 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; the lamb officer or director of the corporation or the receiver or trustee embrane and accurate and that my signature shall have the same legal effect as if made under oath; the lamb officer or director of the corporation or the receiver or trustee embrane in report as required by Chapter 617, Florida Statutes, and that my name							26	
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TITLE  NAME  STREET ADDRESS  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; the lam 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				5.4 CiTY -	ST - ZiP	·		
STREET ADDRESS  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; the lam 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	********		DELETE	6.1 TITLE		i	Cha	inge Addition
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; the lam 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	NAME			6.2 NAME	. [	•		
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; the lam 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	STREET ADDRESS			6.3 STREE	T ADDRESS	*:		
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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	14. I do hereb	by certify that the information supplied indicated on this annual report or s	with this filing does not qualify	for the ex	emption st	lated in Section 119.07(3)(i), Florida Statutes, that my signature shall have the same legal.	I further certify effect as if mad-	that the e under oath; that
	I am an of	fficer or director of the corporation or	the receiver or trustee empower	ered to exe	cute this re	eport as required by Chapter 617, Florida Sta	atutes; and that	my name

Ingeborg Zelazny

**FILED** 

Feb 07 1997 8:00am

Secretary of State