

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702572 (9)

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

Principal Place of Business P O BOX 1732 ISLAMORADA FL 33036-6560	Mailing Address P O BOX 1732 ISLAMORADA FL 33036-6560
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
24 Country	30 Country

3. Date Incorporated or Qualified 06/19/1961	
4. FEI Number 59-1718478	Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

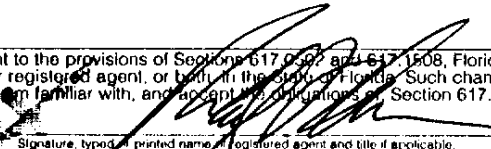
9. Name and Address of Current Registered Agent

**GONICK, ELY
140 LEONI DRIVE
ISLAMORANDA FL 33036**

10. Name and Address of New Registered Agent

81 Name Venezia, Richard
82 Street Address (P.O. Box Number is Not Acceptable) 160 Valencia Dr.
83 City Islamorada
84 City Islamorada
85 State FL
Zip Code 33036

11. Pursuant to the provisions of Sections 617.0507 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:  DATE: **2/24/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VENEZIA, RICHARD	
STREET ADDRESS	160 VALENCIA DRIVE	
CITY-ST-ZIP	ISLAMORADO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, DICK	
STREET ADDRESS	132 BAYVIEW ISLE DR	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCOMB, TERIE	
STREET ADDRESS	116 GIARDINO DRIVE	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	TD	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Schulze, Bill
2.3 STREET ADDRESS	100 Severino Drive
2.4 CITY-ST-ZIP	Islamorada, Fl 33036
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Flynn, Marion
4.3 STREET ADDRESS	152 Stromboli Dr.
4.4 CITY-ST-ZIP	Islamorada, Fl. 33036
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 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:  DATE: **3/12/98** 305-664-4067

CR2E037 (10/97)