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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702572

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/19/1961
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1718478
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

VENEZIA, RICHARD
160 VALENCIA DRIVE
ISAMORADA FL 33036

10. Name and Address of New Registered Agent

81. Name
Conklin, Wesley

82. Street Address (P.O. Box Number is Not Acceptable)
137 Giardino Drive

83. Islamorada, FL. 33036

84. City **Islamorada** 85. Zip Code **FL 33036**

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 *Wesley Conklin* **WESLEY CONKLIN** DATE **1/22/99**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VENEZIA, RICHARD	
STREET ADDRESS	160 VALENCIA DRIVE	
CITY-ST-ZIP	ISLAMORADO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHULZE, BILL	
STREET ADDRESS	100 SEVERINO DRIVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCCOMB, TERIE	
STREET ADDRESS	116 GIARDINO DRIVE	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FLYNN, MARION	
STREET ADDRESS	152 STROMBOLI DRIVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Conklin, Wesley	
1.3 STREET ADDRESS	137 Giardino 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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Garrison, Wain	
3.3 STREET ADDRESS	124 Bayview Isle 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 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, with all other like empowered.

SIGNATURE: *Wesley Conklin* **WESLEY CONKLIN** DATE **1/22/99** DAYTIME PHONE # **305-517-2830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)