

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

02-11-2002 90062 032 ****61.25

DOCUMENT # 702572

1. Entity Name

VENETIAN SHORES HOME OWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE
59-171-8478

Principal Place of Business

Mailing Address

P O BOX 1732
 ISLAMORADA FL 33036-6560

P O BOX 1732
 ISLAMORADA FL 33036-6560

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONKLIN, WESLEY
137 GIARDINO DR
ISAMORADA FL 33036

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/8/02
 DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CONKLIN, WESLEY	
STREET ADDRESS	137 GIARDINO DR	
CITY-ST-ZIP	ISLAMORADO FL 33036	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	O'DONNELL, BOB	
STREET ADDRESS	140 BAYVIEW ISLE DR	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARRISON, WAIN	
STREET ADDRESS	124 BAYVIEW ISLE DR	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	TD	<input type="checkbox"/> Delete
NAME	IKIN, ARTHUR	
STREET ADDRESS	157 LEON DR	
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		

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph F. Ziomek	
STREET ADDRESS	101 MILANO DR.	
CITY-ST-ZIP	ISLAMORADA - FLA - 33036	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES TRICE	
STREET ADDRESS	107 VALENTIA DR.	
CITY-ST-ZIP	ISLAMORADA - FL 33036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE ZIOMEK	
STREET ADDRESS	101 MILANO DR.	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* **7-9-02** **305664-4218**

CR2E037 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702572

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

Stamp - 1-25-02
John 1304
et al - 2/14/02
back paid
96908

Principal Place of Business Mailing Address
 P O BOX 1732 P O BOX 1732
 ISLAMORADA FL 33094-0540 ISLAMORADA FL 33096-6580

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
APPLIED FOR Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CONKLIN, WESLEY
137 GIARDINO DR
ISAMORADA FL 33036

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Wesley Conklin*
Signature typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)
 DATE **1/24/02**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
PD	CONKLIN, WESLEY	137 GIARDINO DR	ISLAMORADO FL 33036	<input type="checkbox"/>
VPD	O'DONNELL, BOB	140 BAYVIEW ISLE DR	ISLAMORADA FL 33036	<input type="checkbox"/>
SD	GARRISON, WAIN	124 BAYVIEW ISLE DR	ISLAMORADA FL 33036	<input type="checkbox"/>
TD	KON, ARTHUR	157 LEON DR	ISLAMORADA FL 33036	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
PD	Joseph F. Ziomek	101 MILANO DR	ISLAMORADA FL 33036	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	JAMES TRICE	107 VALENCIA DR	ISLAMORADA, FL 33036	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
TD	DAVE ZIOMEK	101 MILANO DR	ISLAMORADA - FL 33036	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Wain Garrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **1/24/02** DAYTIME PHONE: **7056644032**

Attachment
96905

H 702572

July 9, 2002

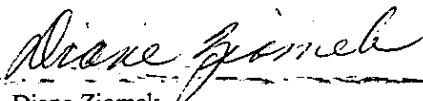
Uniform Business Report
Division of Corporations
P O Box 1500
Tallahassee, Fl 32302-1500

Attached you will find the previous filing of the UBR sent on 1-25-2002 with check #1307 in the amount of \$61.25, which was paid by the bank on 2-14-2002.

In speaking with your representative by phone he indicated a letter was sent in February which we did not receive. He also indicated that there was no FEI on the form.

I am now providing you with a copy of the previous UBR, and the latest UBR form which I have received and an FEI number which is 59-171-8478 as found on our U S Corporation Income Tax Return.

Thank you ,



Diane Ziomek
Treasurer VSHA

Venetian Shores Homeowners Association
PO Box 1732
Islamorada, Fl 33036