2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702572

1. Entity Name

VENETIAN SHORES HOME OWNERS ASSOCIATION, INC.

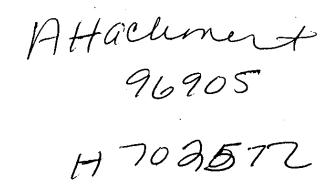
| FILED | | | | | |
|----------------------|--|--|--|--|--|
| Jul 10, 2002 8:00 am | | | | | |
| Secretary of State | | | | | |

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

| Principal Place of Business Mailing Address | | | | | | | | |
|---|--|--|---|--|----------------------------|---|--|--|
| P O BOX 1732 ISLAMORADA FL 33036-6560 | | P O BOX 1732 ISLAMORADA FL 33036-6560 | | | | | | |
| | | | | 1 1881 1881 1881 1881 | | | | |
| 2. Principal Place of Business 3. | | 3. Mailing Address | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | City & State | | 4. FEI Number | ED-FOR- | Applied For Not Applicable | | |
| Zip | Country | Zip | Country | 5. Certificate of Status D | | 75 Additional Required | | |
| | 6. Name and Address of Curren | t Registered Agent | | 7. Name and Address | of New Registered Agen | t | | |
| | | | Name | | | | | |
| CONKLIN, WESLEY | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 137 GIARE | | | | | <u></u> , | | | |
| ISAMORADA FL 33036 | | | City | | FL | Zip Code | | |
| 8. The above | named entity submits this statement | for the purpose of changing it | ts registered office or regi | stered agent, or both, in the St | ate of Florida. I am famil | iar with, and accept | | |
| the obligat | tions of registered agent |) /)() | | | | | | |
| | Illa les in | 1/2 | - | | 7/8/07 | 2_ | | |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NO | OTE: Registered Agent signature req | juired when reinstating) | DATE | | | |
| | | | | | | | | |
| -' | After September 13, 2002, | 1 | ampaign Financing | \$5.00 May Be | Make Check Pa | | | |
| | min. will be \$236.25. | Trust Fund | Contribution | Added to Fees | Department o | f State | | |
| 10. | OFFICERS AND D | / L | 11, | ADDITIONS/CHANGES TO | OFFICERS AND DIRECT | FORS IN 10 | | |
| TITLE | PD | ☐ Delete | | | | Change | | |
| NAME | CONKLIN, WESLEY | | NAME J | oseph F. Z | iomer. | | | |
| STREET ADDRESS | 137 GIARDINO DR | | STREET ADDRESS | MILAQU | UCI | | | |
| CITY-ST-ZIP | ISLAMORADO FL 33036 | | OUTS OF BUD | 0,7 | F11. 22 | 12/ | | |
| TITLE | 1 - | | CHY-SI-ZIP J | SIA MORACH - | FAIT 22 | | | |
| | VPD | ☐ Delete | TITLE UT | <u>SIA MORACA -</u> PD | FAIT 22 | <i>036</i> €hange □ Addition | | |
| NAME | O'DONNELL, BOB | ☐ Defete | TITLE VI | SIA MORACA - D D Trice | FAIT 32 | | | |
| | O'DONNELL, BOB 140 BAYVIEW ISLE DR | ☐ Delete | TITLE V7 NAME STREET ADDRESS /2 | SIA MORACH - PD AMOS TRICE. DT VALENCIA | TRO . | €hange | | |
| NAME STREET ADDRESS CITY-ST-ZIP- ~. | O'DONNELL, BOB 140 BAYVIEW ISLE DR ISLAMORADA FL 33036 | | TITLE V7 NAME STREET ADDRESS /2 | SIA MORACA - D D Trice | The 3303 | €hange | | |
| NAME STREET ADDRESS | O'DONNELL, BOB 140 BAYVIEW ISLE DR ISLAMORADA FL 33036 SD | ☐ Delete | TITLE VANAME STREET ADDRESS CITY-ST-ZIP | SIA MORACH - PD AMOS TRICE. DT VALENCIA | The 3303 | Change Addition | | |
| NAME STREET ADDRESS CITY-ST-ZIP | O'DONNELL, BOB 140 BAYVIEW ISLE DR ISLAMORADA FL 33036 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | SIA MORACH - PD AMOS TRICE. DT VALENCIA | The 3303 | Change Addition | | |
| NAME STREET ADDRESS CITY-ST-ZIP - ~ TITLE NAME STREET ADDRESS | O'DONNELL, BOB 140 BAYVIEW ISLE DR ISLAMORADA*FL*33036** SD GARRISON, WAIN | | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | SIA MORACA - DD AMOS TRICE, D7 VAKENRIA SIA-MORACA - | TR. 3303 | Change Addition | | |
| NAME STREET ADDRESS CITY-ST-ZIP- —. TITLE NAME | O'DONNELL, BOB 140 BAYVIEW ISLE DR ISLAMORADA FL 33036 SD GARRISON, WAIN 124 BAYVIEW ISLE DR ISLAMORADA FL 33036 TD | | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | SIAMORACA- DD AMOS TLICE. DT VALENCIA SIAMORADA- | The 3303 | Change Addition | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | O'DONNELL, BOB 140 BAYVIEW ISLE DR ISLAMORADA FL 33036 SD GARRISON, WAIN 124 BAYVIEW ISLE DR ISLAMORADA FL 33036 TD IKIN, ARTHUR | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | SIAMORACA- DD AMOS TLICE. DT VALENCIA SIAMORADA- | The 3303 | Change Addition | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | O'DONNELL, BOB 140 BAYVIEW ISLE DR ISLAMORADA FL 33036 SD GARRISON, WAIN 124 BAYVIEW ISLE DR ISLAMORADA FL 33036 TD IKIN, ARTHUR 157 LEON DR | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | SIAMORACA- DD AMOS TLICE. DT VALENCIA SIAMORADA- | The 3303 | Change Addition | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | O'DONNELL, BOB 140 BAYVIEW ISLE DR ISLAMORADA FL 33036 SD GARRISON, WAIN 124 BAYVIEW ISLE DR ISLAMORADA FL 33036 TD IKIN, ARTHUR | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SIA MORACA - DD AMOS TRICE, D7 VAKENRIA SIA-MORACA - | TR. 3303 FL 3303 | Change Addition | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE | O'DONNELL, BOB 140 BAYVIEW ISLE DR ISLAMORADA FL 33036 SD GARRISON, WAIN 124 BAYVIEW ISLE DR ISLAMORADA FL 33036 TD IKIN, ARTHUR 157 LEON DR | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | SIAMORACA- DD AMOS TLICE. DT VALENCIA SIAMORADA- | TR. 3303 FL 3303 | Change Addition Change Addition Change Addition | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | O'DONNELL, BOB 140 BAYVIEW ISLE DR ISLAMORADA FL 33036 SD GARRISON, WAIN 124 BAYVIEW ISLE DR ISLAMORADA FL 33036 TD IKIN, ARTHUR 157 LEON DR | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | SIAMORACA- DD AMOS TLICE. DT VALENCIA SIAMORADA- | TR. 3303 FL 3303 | Change Addition Change Addition Change Addition | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME | O'DONNELL, BOB 140 BAYVIEW ISLE DR ISLAMORADA FL 33036 SD GARRISON, WAIN 124 BAYVIEW ISLE DR ISLAMORADA FL 33036 TD IKIN, ARTHUR 157 LEON DR | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | SIAMORACA- DD AMOS TLICE. DT VALENCIA SIAMORADA- | TR. 3303 FL 3303 | Change Addition Change Addition Change Addition | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | O'DONNELL, BOB 140 BAYVIEW ISLE DR ISLAMORADA FL 33036 SD GARRISON, WAIN 124 BAYVIEW ISLE DR ISLAMORADA FL 33036 TD IKIN, ARTHUR 157 LEON DR | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | SIAMORACA- DD AMOS TLICE. DT VALENCIA SIAMORADA- | The 3203 FL 3303 | Change Addition Change Addition Change Addition | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | O'DONNELL, BOB 140 BAYVIEW ISLE DR ISLAMORADA FL 33036 SD GARRISON, WAIN 124 BAYVIEW ISLE DR ISLAMORADA FL 33036 TD IKIN, ARTHUR 157 LEON DR | Delete Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | SIAMORACA- DD AMOS TLICE. DT VALENCIA SIAMORADA- | The 3203 FL 3303 | Change Addition Change Addition Change Addition Change Addition | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | O'DONNELL, BOB 140 BAYVIEW ISLE DR ISLAMORADA FL 33036 SD GARRISON, WAIN 124 BAYVIEW ISLE DR ISLAMORADA FL 33036 TD IKIN, ARTHUR 157 LEON DR | Delete Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | SIAMORACA- DD AMOS TLICE. DT VALENCIA SIAMORADA- | The 3203 FL 3303 | Change Addition Change Addition Change Addition Change Addition | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | O'DONNELL, BOB 140 BAYVIEW ISLE DR ISLAMORADA FL 33036 SD GARRISON, WAIN 124 BAYVIEW ISLE DR ISLAMORADA FL 33036 TD IKIN, ARTHUR 157 LEON DR ISLAMORADA FL 33036 | Delete Delete Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SIAMORACA- DD AMOS TLICE. DT VALENCIA SIAMORADA- | TR. 3303 | Change Addition Change Addition Change Addition Change Addition Change Addition | | |

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.

| 2002 | UNIFORM BUS | INESS REPOR | T (UBR) | - Slandi- 1,25-02 |
|---|---|--|--|--|
| DOCUMENT # 702572 | | | | Test + 30 ym |
| | SHORES HOME OWNERS | ASSOCIATION, INC. | tout gaid 9 10 908 | |
| cipal Place of Business Mailing Address | | | | fort gain |
| O BOX 1732 BANDRADA FL 39094-6560 | | P O BOX 1732 ISLAMORADA FL 33038-6580 | | 96908 |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| | | Suite, Apr. #, etc. | | DO NOT WRITE IN THIS SPACE |
| Suite, Apt. #, etc. | | City & State | | 4. FEI Number Applied For |
| City & State | | | Country | APPLIED FOR Not Applicable \$8.75 Additional |
| Zip | Country | ΖΊρ | Country | Certificate of Status Desired Fee Required Name and Address of New Registered Agent |
| | 6. Name and Address of Currer | nt Registered Agent | Name | 7. Remin and Address of the Property of the Pr |
| | العاريانيسدار ليسهجو خراية الداسسية البراري | | Street Add | dress (P.O. Box Number is Not Acceptable) |
| CONKLIN, V | | | | |
| 137 GIARDI ISAMORADI | | | City | EL Zip Code |
| | | | 1 | egistered agent, or both, in the state of Florida. |
| | | 9. Election Cam Trust Fund C | | S5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| 10. | OFFICERS AND | DIRECTORS | | Change Addition |
| NAME | CONKLIN, WESLEY | | NAME STREET ADDRESS | Joseph F. Zionek 101 MiLAND De |
| STREET ADDRESS CITY-ST-ZIP | 137 GIARDINO DR ISLAMORADO FL 33036 | | CITY-ST-ZIP | TSIANOLAIA FI 33036 |
| TITLE | VPD | Delete | . TITLE NAME | |
| STREET ADDRESS | O'DONNELL, BOB 140 BAYVIEW ISLE DR | | STREET ADDRESS | JAMES TRICE 107 VALENCIA DE TSIAMORADA, PL 33076 |
| CITY-ST-ZIP | ISLAMORADA FL 33036 | Delete | CITY-ST-ZIP | ISIA M C/2 A dA . F L 53050 ☐ Change ☐ Adollor |
| TITLE NAME | SD Garfison, Wain | . Direct | NAME | |
| STREET ADDRESS - CITY-51-ZIP | 124 BAYVIEW ISLE:DR | and the second s | STREET ADDRESS | |
| TITLE | TD | ☐ Delete | TITLE | TD Addition |
| NAME STREET ADDRESS | IKIN, ARTHUR 157 LEON DR | | NAME STREET ADDRESS | DIANE ZIGATEK ILN MITANO DE. |
| CITY-ST-ZIP | ISLAMORADA FL 33036 | | CITY-ST-ZIP | |
| TITLE NAME | | ☐ Delets | TETLE NAME | |
| STREET ADDRESS | | | STREET ADDRESS CITY+ST-ZIP | |
| TITLE | | ☐ Delete | TILE | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| ndicated | on this report of supplemental repo | mnowered to execute this report | r the examption stat ny signature shall h as required by Cha | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as If made under oath; that I am an officer or director piter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if |
| | or on an attachment with an addre | | | 1/29/02 305644032 |
| SIGNAT | TURE: SIGNATURE AND TYPES | OR PRINTED HAME OF SIGNING OFFICER | OR DIRECTOR | Deta Deptime Phone |



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 V Treasurer VSHA

Venetian Shores Homeowners Association PO Box 1732

Islamorada, Fl 33036