


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90053 005 ****61.25

DOCUMENT # 702572					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1718478	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIOMEK, JOSEPH F		NAME	Bill Wilkins	
STREET ADDRESS	101 MILANO DR		STREET ADDRESS	125 Villabella DR	
CITY-ST-ZIP	ISLAMORADO, FL 33036		CITY-ST-ZIP	Islamorada FL 33036	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRICE, JAMES		NAME	Stan Margulies	
STREET ADDRESS	107 VALENCIA DR		STREET ADDRESS	1002 Venetian Blvd	
CITY-ST-ZIP	ISLAMORADA, FL 33036		CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRISON, WAIN		NAME	Wendy Russell	
STREET ADDRESS	124 BAYVIEW ISLE DR		STREET ADDRESS	134 Venetian Way	
CITY-ST-ZIP	ISLAMORADA, FL 33036		CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIOMEK, DIANE		NAME		
STREET ADDRESS	101 MILANO DR		STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA, FL 33036		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>William S. Wilkins</i>		Date: <i>1-21-04</i>		Daytime Phone #: <i>305-664-9498</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					