


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 702572

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



Principal Place of Business Mailing Address

P O BOX 1732 P O BOX 1732
 ISLAMORADA, FL 33036-6560 ISLAMORADA, FL 33036-6560

DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-1718478 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

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8. This 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 _____

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

Filing Fee is \$61.25
Due by May 1, 2005

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	PD WILKINS, BILL 125 VILLABELLA DR ISLAMORADO, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARGULIES, STAN 1002 VENETIAN BLVD ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSSELL, WENDY 134 VENETIAN WAY ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIOMEK, DIANE 101 MILANO DR ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Wesley Conklin* *January 10, 2005* *800461218*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #