

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2009
Secretary of State**

DOCUMENT# 702572

Entity Name: VENETIAN SHORES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 1732
ISLAMORADA, FL 330366560

New Principal Place of Business:

1002 VENETIAN BLVD
ISLAMORADA, FL 330366560

Current Mailing Address:

P O BOX 1732
ISLAMORADA, FL 330366560

New Mailing Address:

FEI Number: 59-1718478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARGULIES, STANLEY
1002 VENETAIN BLVD
ISAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARGULIES, STAN
Address: 100 VENETIAN BLVD
City-St-Zip: ISLAMORADA, FL 33036

Title: VPD () Delete
Name: BRAY, TOM
Address: 119 LEONI DR
City-St-Zip: ISLAMORADA, FL 33036

Title: SD () Delete
Name: DOMENTI-SIGEL, SUE
Address: 105 GLARDINO DR
City-St-Zip: ISLAMORADA, FL 33036

Title: TD () Delete
Name: ZIOMEK, DIANE
Address: 101 MILANO DR
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CONNELLY, JACK
Address: 100 VILLABELLA DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE ZIOMEK

TD

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date