

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **706931** (3)

1. Corporation Name

VENETIAN PARK GARDENS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2115 N.E. 42ND COURT. #101
LIGHTHOUSE POINT FL 33064

2115 N.E. 42ND COURT. #101
LIGHTHOUSE POINT FL 33064-7357



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/05/1964

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1083323

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

STROBER, CAHRLES
2121 NE 42ND CT
APT 203-C
LIGHTHOUSE POINT FL 33064

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
SAUVE, MAXINE
2115 NE 42ND CT
LIGHTHOUSE PT, FL 00000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
V
Berthe AI
2131 N.E. 42 Ct. #203E
Lighthouse Pt., FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPT
SIRIANA, TONY
2111 NE 42ND CT, #105
LIGHTHOUSE PT FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
T
MARION MAGGIO
2131 N.E. 42 Ct. #102E
Lighthouse Pt., FL.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PIETRAS, STEVE
2131 NE 42ND CT AOPT 212-E
LIGHTHOUSE PT. FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
D
MARCIE Spiess
2111 N.E. 42 Ct. #101W
Lighthouse Pt., FL. 33064

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
STROBER, JOYCE
2121 NE 42ND CT.
LIGHTHOUSE PT, FL 00000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
STROBER, CHARLES
2121 NE 42ND CT.
LIGHTHOUSE PT FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PEEL, KAYE
2121 NE 42ND CT.
LIGHTHOUSE PT. FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Yours Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021957

CR2E037 (9/96)