

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 714879

(4)

1. Corporation Name

VENETIAN ISLE, INC.

95 MAY -1 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4000 GULF SHORE BLVD. N.
NAPLES FL 33940-3428

4000 GULF SHORE BLVD. N.
NAPLES FL 33940-3428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1968

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1738781

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JODER, MARJORIE J
3003 TAMAMI TRAIL NORTH #120
NAPLES FL 33940

81 Name

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

% Accounting & Tax Associates of Naples, Inc.

83 802 Anchor Rode Drive

84 City
Naples

FL

85 Zip Code
33940-2739

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BOUCHER, RAYMOND
STREET ADDRESS 4000 GULF SHORE BLVD N.
CITY - ST - ZIP NAPLES FL

11 TITLE D/P Correction ☐ Change ☐ Addition
12 NAME # 200
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE V
NAME KLOBE, ARTHUR H
STREET ADDRESS 4000 GULF SHORE BLVD N
CITY - ST - ZIP NAPLES FL

21 TITLE D/VP Correction ☐ Change ☐ Addition
22 NAME #3300
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE DS
NAME MCKEAN, EDGAR D.
STREET ADDRESS 4000 GULF SHORE BLVD N
CITY - ST - ZIP NAPLES FL

31 TITLE Correction ☐ Change ☐ Addition
32 NAME #2800
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE DV
NAME NAGEL, HELEN
STREET ADDRESS 4000 GULF SHORE BLVD NO
CITY - ST - ZIP NAPLES FL

41 TITLE D/VP ☒ Change ☐ Addition
42 NAME Diane Kreager
43 STREET ADDRESS 4000 Gulf Shore Boulevard North, #2500
44 CITY - ST - ZIP Naples, FL 33940

TITLE TD
NAME WERNIG, RAYMOND
STREET ADDRESS 4000 GULF SHORE BLVD N.
CITY - ST - ZIP NAPLES FL

51 TITLE Correction ☐ Change ☐ Addition
52 NAME #2900
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Arthur H. Klobe

Arthur H. Klobe

4/27/95

(813) 262-1874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #