

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jan 31, 1996 08:00 AM
Secretary of State



DOCUMENT # **715942** (9)
1. Corporation Name
VENETIAN CONDOMINIUM, INC.

Principal Place of Business Mailing Address
ONE LAS OLAS CIRCLE **ONE LAS OLAS CIRCLE**
FORT LAUDERDALE FLORIDA 33316 **FORT LAUDERDALE FLORIDA 33316**
US

3. Date Incorporated or Qualified **01/24/1969** 3a. Date of Last Report **06/20/1995**
4. FEI Number **59-1303036** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
ALLEN, ERNEST C
1 LAS OLAS CIRCLE
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
81 Name **FRED N. WINTERS**
82 Street Address (P.O. Box Number is Not Acceptable) **ONE LAS OLAS CIRCLE**
83
84 City **FT. LAUDERDALE,** FL 85 Zip Code **33316**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: *Fred N. Winters* **Fred N. Winters Manager** DATE: **1-26-96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, RANDOLPH C	
STREET ADDRESS	ONE LAS OLAS CIR.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WEIDHUNER, DONALD D	
STREET ADDRESS	ONE LAS OLAS CIRCLE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COOK, ROBERT	
STREET ADDRESS	ONE LAS OLAS CIR.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHROEDER, THOMAS	
STREET ADDRESS	ONE LAS OLAS CIRCLE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, MAROLYN C	
STREET ADDRESS	ONE LAS OLAS CIRCLE	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, JACKIE	
STREET ADDRESS	ONE LAS OLAS CIRCLE	
CITY - ST - ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DONALD D. WEIDHUNER	
13 STREET ADDRESS	ONE LAS OLAS CIRCLE	
14 CITY - ST - ZIP	FT. LAUDERDALE, FL 33316	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	RONALD K. JURGEN	
23 STREET ADDRESS	ONE LAS OLAS CIRCLE	
24 CITY - ST - ZIP	FT. LAUDERDALE, FL 33316	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	JOHN SMITH	
33 STREET ADDRESS	ONE LAS OLAS CIRCLE	
34 CITY - ST - ZIP	FT. LAUDERDALE, FL 33316	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	RANDOLPH C. SMITH	
43 STREET ADDRESS	ONE LAS OLAS CIRCLE	
44 CITY - ST - ZIP	FT. LAUDERDALE, FL 33316	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	MERWIN E. WILLIAMS	
53 STRE	ONE LAS OLAS CIRCLE	
54 CITY	FT. LAUDERDALE, FL 33316	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	ORVILLE BRINK	
63 STREET ADDRESS	ONE LAS OLAS CIRCLE	
64 CITY - ST - ZIP	FT. LAUDERDALE, FL 33316	

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 119.07(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: *[Signature]* DATE: **(954) 463-0071**

CR2E037 (12/95)