

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715942

FILED
Apr 24, 2009
Secretary of State

Entity Name: VENETIAN CONDOMINIUM, INC.

Current Principal Place of Business:

VENETIAN CONDO
1 LAS OLAS CIR
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

VENETIAN CONDO
1 LAS OLAS CIR
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 59-1303036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNETTE, LARRY
ONE LAS OLAS CIR
FORT LAUDERDALE, FL 33316 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: P () Delete
Name: BURNETTE, LARRY
Address: ONE LAS OLAS CIR
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP () Delete
Name: BRAZEMAN, JOEL
Address: ONE LAS OLAS CIR.
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: S () Delete
Name: SMITH, SHIRLEY
Address: ONE LAS OLAS CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: T () Delete
Name: BENNETT, TRACY
Address: ONE LAS OLAS CIRCLE
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change () Addition
Name: BURNS, JOHN
Address: ONE LAS OLAS CIRCLE
City-St-Zip: FT. LAUDERDALE, FL 33316

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: LARRY BURNETTE

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date