

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90739 047 \*\*\*\*61.25

**DOCUMENT # 715942**

1. Entity Name

**VENETIAN CONDOMINIUM, INC.**



Principal Place of Business

**ONE LAS OLAS CIRCLE  
FORT LAUDERDALE FL 33316**

Mailing Address

**ONE LAS OLAS CIRCLE  
FORT LAUDERDALE FL 33316  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1303036**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROSS, THERESA  
1 LAS OLAS CIR  
FT. LAUDERDALE FL 33316**

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SADAR, KENNETH</b> <b>1 LAS OLAS CIRCLE</b> <b>FT. LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BOOYSER, JOHN</b> <b>ONE LAS OLAS CIRCLE</b> <b>FT. LAUDERDALE FL 33316</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAIR, ARTHUR</b> <b>ONE LAS OLAS CIR.</b> <b>FT. LAUDERDALE FL 33316</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANGSANKAMP, STEVE</b> <b>ONE LAS OLAS CIRCLE</b> <b>FT. LAUDERDALE FL 33316</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EPSTEIN, MURRAY</b> <b>ONE LAS OLAS CIRCLE</b> <b>FT. LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CERNICK, R. F.</b> <b>ONE LAS OLAS CIRCLE</b> <b>FT. LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Kenneth Sadar</b> <b>1 LAS OLAS CIRCLE</b> <b>Ft. lauderdale, FL 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Orville Brink</b> <b>1 LAS OLAS CIRCLE</b> <b>Ft. lauderdale, FL 33316</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Herbert Fidlou</b> <b>1 LAS OLAS CIRCLE</b> <b>Ft. lauderdale, FL 33316</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>William Beckett</b> <b>1 LAS OLAS CIRCLE</b> <b>Ft. lauderdale, FL 33316</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Craig Kurlander</b> <b>1 LAS OLAS CIRCLE</b> <b>Ft. lauderdale, FL 33316</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Anthony Marcello</b> <b>1 LAS OLAS CIRCLE</b> <b>Ft. lauderdale, FL 33316</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *[Signature]* **ORVILLE BRINK - President** 954-463-0771

CR2E037 (10/02)

Attachment 70026204  
#715942

**MEMBERS OF THE BOARD OF GOVERNORS  
AND  
VENETIAN COMMITTEE CHAIRMEN**

<b>BOARD MEMBER</b>	<b>POSITION</b>
Orville Brink	President
Herbert Fidlow	Vice-Pres.
William Beckett	Secretary
Craig Kurländer	Treasurer
Murray Epstein	
RF Cernick	
Kenneth Sadar	
Anthony Marcello	

<b>COMMITTEE</b>	<b>CHAIRMAN</b>
Executive	R.F. Cernick
House	Shirley Smith
Office Administration	Murray Epstein and R.F. Cernick (co-chair)
Security	R.F. Cernick
Government and Civic Liaison	Shirley Smith
Finance	Craig Kurlander
Rules and Regulations	Herbert Fidlow
Screening	Phoebe Satlin
Dock	Paul Sadowski
Grounds and Landscape	Bill Beckett
Library	Judith Cernick

Revised: 02-15-03