

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
Feb 21, 1996 08:00 AM
Secretary of State

DOCUMENT # 717766 (0)

1. Corporation Name

VENICE SANDS APARTMENTS CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business

633 ALHAMBRA RD.
VENICE FL 34285

Mailing Address

633 ALHAMBRA RD.
VENICE FL 34285

3. Date Incorporated or Qualified
12/22/1969

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1308495

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, MARGARET M
7559 PARRISH STREET
N. PORT FL 34287

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 617.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME AUSTIN, ALAN
STREET ADDRESS 633 ALHAMBRA ROAD #308
CITY-ST-ZIP VENICE, FL 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME MOE, LOU
STREET ADDRESS 724 ELDORADO DR.
CITY-ST-ZIP VENICE FL 34284

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME HAGUE, RALPH
STREET ADDRESS 633 ALHAMBRA ROAD #901
CITY-ST-ZIP VENICE FL

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME GILES, LYDIA
STREET ADDRESS 633 ALHAMBRA RD 1001
CITY-ST-ZIP VENICE FL

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

TITLE P ☐ DELETE
NAME TRIMBLE, HUCK
STREET ADDRESS 633 ALHAMBRA RD. #501
CITY-ST-ZIP VENICE FL

5.1 TITLE V ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME SULLIVAN, JOHN
STREET ADDRESS 633 ALHAMBRA ROAD #904
CITY-ST-ZIP VENICE FL

6.1 TITLE P ☒ Change ☐ Addition
6.2 NAME Stevens, Marvin
6.3 STREET ADDRESS 633 Alhambra Rd. #801
6.4 CITY-ST-ZIP Venice, FL 34285

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:

Marvin D. Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARVIN STEVENS, PRESIDENT

2-16-96

Date

(94) 488-0602

Daytime Phone #

CR2E037 (12/95)