SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 717766 (0)

1. Corporation Name

VENICE SANDS APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
633 ALHAMBRA RD. VENICE FL 34285	633 ALHAMBRA RD. VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1969	3a. Date of Last Report: 02/21/1996
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AUSTIN, ALAN		1.2 NAME		
STREET ADDRESS	633 ALHAMBRA ROAD #308		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOE, LOU		2.2 NAME		
STREET ADDRESS	724 ELDORADO DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34284		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAGUE, RALPH		3.2 NAME		
STREET ADDRESS	633 ALHAMBRA ROAD #901		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GILES, LYDIA		4.2 NAME		
STREET ADDRESS	633 ALHAMBRA RD 1001		4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP		
TITLE	V	■ DELETE	5.1 TITLE	V ROBERT STEINER	■ Change ☐ Addition
NAME	TRIMBLE, HUCK		5.2 NAME	P.O. BOX 29104	
STREET ADDRESS	633 ALHAMBRA RD. #501		5.3 STREET ADDRESS	INDIANAPOLIS, IN 46229	N/A
CITY-ST-ZIP	VENICE FL		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, MARVIN		6.2 NAME		
STREET ADDRESS	633 ALHAMBRA RD, #801		6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do 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 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: Margaret M. Wilson 7-17-97 (941) 488-0602