03021999-90059-003-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24 1999 8:00 am
Secretary of State

DOCUMENT # 717766

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

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/22/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1308495 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	D.	☒ 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	P.D.	☒ Change ☐ Addition
NAME	SWEAT, MARY CATHERINE		2.2 NAME	STEVENS, MARVIN D.	
STREET ADDRESS	126 N. HARBISON AVE.		2.3 STREET ADDRESS	633 ALHAMBRA RD. #801	
CITY-ST-ZIP	INDIANAPOLIS IN 46219		2.4 CITY-ST-ZIP	VENICE, FL 34285	
TITLE	T	☐ DELETE	3.1 TITLE	T.D.	☒ Change ☐ Addition
NAME	KATRAMADOS, EVE		3.2 NAME		
STREET ADDRESS	633 ALHAMBRA RD. #407		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE	D.	☒ Change ☐ Addition
NAME	PITTMAN, G. FRANK		4.2 NAME		
STREET ADDRESS	1830 FAXCROFT LANE #604		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALLISON PARK PA 15101		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	BECKNELL, CAROL ANN		5.2 NAME	GILES, LYDIA	
STREET ADDRESS	118 PERRY LANE		5.3 STREET ADDRESS	633 ALHAMBRA Rd. #1001	
CITY-ST-ZIP	LONDON KY 40741		5.4 CITY-ST-ZIP	VENICE, FL 34285	
TITLE	D	☒ DELETE	6.1 TITLE	D.	☒ Change ☐ Addition
NAME	GIORDANO, DOMINICK		6.2 NAME	STEFF, MARGARET	
STREET ADDRESS	633 ALHAMBRA ROAD #802		6.3 STREET ADDRESS	633 ALHAMBRA RD. #708	
CITY-ST-ZIP	VENICE FL 34285		6.4 CITY-ST-ZIP	VENICE, FL 34285	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: MARVIN D. STEVENS/D/ MARVIN D. STEVENS 1-15-99 (941) 484-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #