2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State
05-19-2005 90046 015 ****61.25

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1. Entity 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

01062005 Chg-NP CR2E037 (10/03)

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 59-1308495 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Filing Fee is $61.25
Due by May 1, 2005

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	D CLAY, BYRON J 633 ALHAMBRA RD. #601 VENICE, FL 34285	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. HARRINGTON, JOSEPH C. 54 SCHOOL ST. REHOBOTH, MA 02769	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~X~~ D FORTE, JOSEPH G 24500 FORTERRA DR. WARREN, MI 48089	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. DURAN, DONALD 2390 SONOMA DR.W Nokomis, Fl 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.D KATRAMADOS, EVE 633 ALHAMBRA RD. #407 VENICE, FL 34285	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. Mc CLELLAND, JOHN 2504 FOULK WOODS RD. WILMINGTON, DE 19810	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILES, LYDIA 633 ALHAMBRA RD. #1001 VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOSS, ROBERT 32910 STONE MANOR DR. GRAYSLAKE, IL 60030	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLETT, KENNETH 81 MAPLEFIELD PLEASANT RIDGE, MI 48069	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORTE, JOSEPH G. 24500 FORTERRA DR. WARREN, MI 48089	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATRAMADOS, EVE 7 ARROW DR. LIVINGSTON, NJ. 07039	☒ Change ☐ 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 all other like empowered.

SIGNATURE: Margaret M. Wilson MARGARET M. WILSON 5/13/05 (941)488-0602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #