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Mar 24 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 # 726149 (8)  
1. Corporation Name  
VENICE ISLE TOWER ASSOCIATION INC



Principal Place of Business Mailing Address  
155 ISLE OF VENICE SUITE 300 FORT LAUDERDALE FL 33301 US  
155 ISLE OF VENICE SUITE 300 FORT LAUDERDALE FL 33301-4010 US

3. Date Incorporated or Qualified 04/17/1973  
3a. Date of Last Report 06/04/1996  
4. FEI Number 59-1462050 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
BECKER & POLIAKOFF PA  
3111 STIRLING RD  
FT LAUDERDALE FL 33312

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALTROW, TAMAR E	1.2 NAME	ZWERDLING, TAMARE.
STREET ADDRESS	155 ISLE OF VENICE #601	1.3 STREET ADDRESS	155 ISLE OF VENICE #601
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOLSEY, SUSAN	2.2 NAME	
STREET ADDRESS	155 ISLA OF VENICE 701	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE L	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARROS, ROSA M	3.2 NAME	BARROS, ROSA M.
STREET ADDRESS	155 ISLE OF VENICE #501	3.3 STREET ADDRESS	2820 NE 40TH ST.
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMWAY, JO-ANN	4.2 NAME	
STREET ADDRESS	155 ISLE OF VENICE 402	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROS, DOMINGO N	5.2 NAME	BARROS, DOMINGO N.
STREET ADDRESS	155 ISLE OF VENICE 501	5.3 STREET ADDRESS	2820 NE 40TH ST
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MULLIOLIS, RON
STREET ADDRESS		6.3 STREET ADDRESS	4041 NE 31ST AVE.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064

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: *Rosa M. Barros* ROSA M. BARROS 3/10/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE  
Daytime Phone # 0035363

CR2E037 (9/96)