

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726149** (8)  
1. Corporation Name  
**VENICE ISLE TOWER ASSOCIATION INC**



Principal Place of Business <b>155 ISLE OF VENICE SUITE 300 FORT LAUDERDALE FL 33301 US</b>	Mailing Address <b>155 ISLE OF VENICE SUITE 300 FORT LAUDERDALE FL 33301 US</b>
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3. Date Incorporated or Qualified <b>04/17/1973</b>	
4. FEI Number <b>59-1462050</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>BECKER &amp; POLIAKOFF PA 3111 STIRLING RD FT LAUDERDALE FL 33312</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Addition
NAME	<b>ZWERDLING, TAMAR E.</b>	1.2 NAME	<b>CURTIS T. BELL</b>
STREET ADDRESS	<b>155 ISLE OF VENICE STE 601</b>	1.3 STREET ADDRESS	<b>155 ISLE OF VENICE STE. 602</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULIOLIS, RON</b>	2.2 NAME	
STREET ADDRESS	<b>4141 NE 31ST AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIGHTHOUSE PT FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARROS, ROSA M</b>	3.2 NAME	
STREET ADDRESS	<b>2820 NE 40TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIGHTHOUSE PT. FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMWAY, JO-ANN</b>	4.2 NAME	
STREET ADDRESS	<b>155 ISLE OF VENICE 402</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TO</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARROS, DOMINGO N</b>	5.2 NAME	
STREET ADDRESS	<b>2820 NE 40TH ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIGHTHOUSE PT. FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULIOLIS, RON</b>	6.2 NAME	
STREET ADDRESS	<b>4041 NE 31ST AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIGHTHOUSE PT. FL</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE \_\_\_\_\_

CFR2037 (10/97)