


NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
			
DOCUMENT # 726149 1. Corporation Name VENICE ISLE TOWER ASSOCIATION INC			
Principal Place of Business 155 ISLE OF VENICE SUITE 300 FORT LAUDERDALE FL 33301 US		Mailing Address 155 ISLE OF VENICE SUITE 300 FORT LAUDERDALE FL 33301 US	

FILED
 99 APR -2 PM 1:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



21	22	23	24	25	26	27	28	29	30	31	32
Principal Place of Business		Mailing Address		Date Incorporated or Qualified		FEI Number		Certificate of Status Desired		Election Campaign Financing	
155 ISLE OF VENICE SUITE 300 FORT LAUDERDALE FL 33301 US		155 ISLE OF VENICE SUITE 300 FORT LAUDERDALE FL 33301 US		04/17/1973		59-1462050		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees	

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			
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11. Pursuant to the provisions of Sections 817.0502 and 617.1506, 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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ZWERDLING, TAMAR E.	1.1 TITLE	
STREET ADDRESS	155 ISLE OF VENICE STE 601	1.2 NAME	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	VPD MULLOUS, RON	2.1 TITLE	VPD
STREET ADDRESS	4141 NE 31ST AVE	2.2 NAME	BRANCHANSKY, JULIO
CITY-ST-ZIP	LIGHTHOUSE PT FL	2.3 STREET ADDRESS	155 ISLE OF VENICE, STE. 304
	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	SD BELL, CURTIS T	3.1 TITLE	SD
STREET ADDRESS	155 ISLE OF VENCIE, STE 502	3.2 NAME	ROSA M. BARROS
CITY-ST-ZIP	FT LAUDERDALE FL 33301	3.3 STREET ADDRESS	2820 NE 40TH STREET
	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	VPD AMWAY, JO-ANN	4.1 TITLE	
STREET ADDRESS	155 ISLE OF VENICE 402	4.2 NAME	
CITY-ST-ZIP	FORT LAUDERDALE FL	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	TD BARROS, DOMINGO N	5.1 TITLE	
STREET ADDRESS	2820 NE 40TH ST	5.2 NAME	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: Rosa M. Barros SIGNATURE REQUIRED: Rosa M. Barros 3/10/99 (952) 782-6109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SECRETARY

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