

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

05-19-2001 90278 020 ****61.25

DOCUMENT # 726149

1. Entity 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

2. Principal Place of Business

2300 E OAKLAND PARK BLVD
 Suite, Apt. #, etc.
 #200
 City & State

3. Mailing Address

2300 E OAKLAND PARK BLVD
 Suite, Apt. #, etc.
 #200
 City & State



DO NOT WRITE IN THIS SPACE

Fort LAUDERDALE, FL
 City & State

Fort LAUDERDALE, FL
 City & State

4. FEI Number **59-1462050**

Applied For
 Not Applicable

Zip
 33306

Country
 USA

Zip
 33306

Country
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF PA
 3111 STIRLING RD
 FT LAUDERDALE FL 33312

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
 NAME **ZWERDLING, TAMAR E.** Delete
 STREET ADDRESS **5190 SW 19TH STREET**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **SD**
 NAME **HARRIS, KATHY** Change Addition
 STREET ADDRESS **155 ISLE OF VENICE #503**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **VPD**
 NAME **BRANCHANSKY, JULIO** Delete
 STREET ADDRESS **155 ISLE OF VENICE, STE 304**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **D**
 NAME **PEARLMAN, BRIAN** Change Addition
 STREET ADDRESS **155 ISLE OF VENICE #702**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **SD-VPD**
 NAME **MATHIEU, JAMES** Delete
 STREET ADDRESS **155 ISLE OF VENICE STE 302**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **VPD**
 NAME **MATHIEU, JAMES** Change Addition
 STREET ADDRESS **155 ISLE OF VENICE #302**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **VPB-PD**
 NAME **AMWAY, JO-ANN** Delete
 STREET ADDRESS **155 ISLE OF VENICE 402**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **PD**
 NAME **AMWAY JO-ANN** Change Addition
 STREET ADDRESS **155 ISLE OF VENICE #402**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **TD**
 NAME **CANNARA, LYNDA** Delete
 STREET ADDRESS **155 ISLE OF VENICE STE 404**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: SIGNATURE REQUIRED

William Amway 7/20/01 (954) 505-1853

CR2E037 (5/01)