

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90132 014 ****61.25

DOCUMENT # 726149
 1. Entity Name
VENICE ISLE TOWER ASSOCIATION INC.

Principal Place of Business Mailing Address



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **155 ISLE OF VENICE** 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
P.O. Box 39589
 City & State City & State
FORT LAUDERDALE FL FORT LAUDERDALE FL
 Zip Country Zip Country
33301 USA 33339 USA

4. FEI Number **591462050** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BECKER AND POLINKOFF
3111 STIRLING RD
FT. LAUDERDALE FL
33312

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

TITLE NAME SD	HARRIS, KATHY <input type="checkbox"/> Delete
STREET ADDRESS	155 ISLE OF VENICE #503
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE NAME D	PEARLMAN BRIAN <input type="checkbox"/> Delete
STREET ADDRESS	155 ISLE OF VENICE #702
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE NAME VPD	JAMES MATHIEU <input type="checkbox"/> Delete
STREET ADDRESS	155 ISLE OF VENICE #302
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE NAME PD	AMWAY, JO-ANN <input type="checkbox"/> Delete
STREET ADDRESS	155 ISLE OF VENICE #402
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE NAME TD	CANNARA, LINDA <input type="checkbox"/> Delete
STREET ADDRESS	155 ISLE OF VENICE #404
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Linda Cannara TD* **4/22/02**

CR2E037 (9/01)