


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90037 016 ****61.25

DOCUMENT # 726149

1. Entity Name
VENICE ISLE TOWER ASSOCIATION INC



Principal Place of Business
**155 ISLE OF VENICE
 FORT LAUDERDALE, FL 33301 US**

Mailing Address
**P.O. BOX 39589
 FORT LAUDERDALE, FL 33339**

2. Principal Place of Business
155 Isle of Venice
 Suite, Apt. #, etc.
300

3. Mailing Address
155 Isle of Venice
 Suite, Apt. #, etc.
300

City & State
Ft Lauderdale, FL

City & State
Ft Lauderdale, FL

Zip
33301 Country
USA

Zip
33301 Country
USA

02162006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1462050 Applied For
 Not Applicable

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



6. Name and Address of Current 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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Daryl Perkowski* *Treasurer* *5/1/06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	PERKOWSKI, DARYL	
STREET ADDRESS	155 ISLAE OF VENICE # 401	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, JOSEPH	
STREET ADDRESS	155 ISLE OF VENICE #702	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SPELLACY, MARY CLARE	
STREET ADDRESS	155 ISLE OF VENICE # 601	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CANNARA, LYNDA	
STREET ADDRESS	155 ISLE OF VENICE STE 404	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daryl Perkowski	
STREET ADDRESS	155 Isle of Venice #401	
CITY-ST-ZIP	Ft. Laud, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES MATHIEU	
STREET ADDRESS	155 Isle of Venice #402	
CITY-ST-ZIP	Ft Lauderdale FL 33301	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNDA CANNARA	
STREET ADDRESS	155 ISLE OF VENICE # 404	
CITY-ST-ZIP	Ft Lauderdale, FL 33301	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFGANG TEUCHERT	
STREET ADDRESS	165 ISLE OF VENICE # 301	
CITY-ST-ZIP	Ft Lauderdale, FL 33301	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA G. FORUM	
STREET ADDRESS	155 ISLE OF VENICE # 603	
CITY-ST-ZIP	Ft Lauderdale, FL 33301	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Daryl Perkowski* *Treas.* *5/1/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone