


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90174 003 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF PA 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERKOWSKI, DARYL		NAME		
STREET ADDRESS	155 ISLAE OF VENICE # 401		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATHIEU, JAMES		NAME		
STREET ADDRESS	155 ISLE OF VENICE SUITE 302		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANNARA, LNDA		NAME		
STREET ADDRESS	155 ISLE OF VENICE STE 404		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TEUCHERT, WOLFGANG		NAME		
STREET ADDRESS	155 ISLE OF VENICE SUITE 301		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORUM, PATRICIA G		NAME		
STREET ADDRESS	155 ISLE OF VENICE SUITE 603		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	<i>Gordon Walker</i>	<input type="checkbox"/> Delete	TITLE	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>155 Isle of Venice ste 403</i>		NAME	<i>Gordon Walker</i>	
STREET ADDRESS	<i>Fort Lauderdale, FL 33301</i>		STREET ADDRESS	<i>155 Isle of Venice Ste 403</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Fort Lauderdale, FL 33301</i>	
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: <i>Patricia G. Forum</i>			Date: <i>4-22-07</i> Daytime Phone #: <i>954-767-0562</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Patricia G. Forum, Secretary</i>					