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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741542 (5)
1. Corporation Name
VENICE ACRES IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business: 1324 GUARDIAN DR. VENICE FL 34292 US
Mailing Address: 1324 GUARDIAN DR. VENICE FL 34292 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/07/1978	3a. Date of Last Report 07/06/1994
4. FEI Number 59-2409681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.030, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Palm Realty Suite, Apt. #, etc.	2a. Mailing Address 26. Palm Realty Suite, Apt. #, etc.
22. 101 Capri Isles City & State 23. Venice FL	27. 101 Capri Isles Blvd. City & State 28. Venice FL
24. 34292 25. Sarasota	29. 34292 30. Sarasota

9. Name and Address of Current Registered Agent
LEBLANC, A. KENDALL
1324 GUARDIAN DR.
VENICE FL 34292

10. Name and Address of New Registered Agent

B1 Name Darlene Cross	B2 Street Address (P.O. Box Number is Not Acceptable) Palm Realty	B3 101 Capri Isles Blvd.	B4 City Venice FL	B5 Zip Code 34292
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Darlene Cross, Property Mgr. Darlene Cross 4/20/95
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CESARIO, ROBERT 2505 HERMITAGE BLVD. VENICE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LEBLANC, A. KENDALL 1324 GUARDIAN DR. VENICE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PUTNAM, GLEN 2602 HERMITAGE BLVD. VENICE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MOORE, DONALD 1113 UNDERWOOD DR. VENICE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	B.11 MARKS, P.osa D 1309 Swiford Venice FL. 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	Robert Cesario 2505 Hermitage Blvd. D Venice FL. 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	Kenka Plaza Tres. D 1324 Guardian Dr. Venice FL. 34293	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	Tim Jacob Svc. D 1279 Thoreau Circle Venice FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 liquidator 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 affidavit.

SIGNATURE: Maryl Stiles Darlene Cross, Property Mgr. 4/26/95 813 484-8670
Signature and typed or printed name of governing officer or director.