

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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 Mailing Address
% PALM REALTY **% PALM REALTY**
101 CAPRI ISLE **101 CAPRI ISLE**
VENICE FL 34292 **VENICE FL 34292**
US

3. Date Incorporated or Qualified **02/07/1978** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2409681** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
CROSS, DARLENE
%PALM REALTY
101 CAPRI ISLE
VENICE FL 34292

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARKS, BILL	
STREET ADDRESS	1309 GULLFORD	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CESERIO, ROBERT	
STREET ADDRESS	2505 HERMITAGE BLVD.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BLANC, KENLA	
STREET ADDRESS	1324 GUARDIAN DR.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, TIM	
STREET ADDRESS	1279 THOREAU CIRCLE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Sec. Dir
23 STREET ADDRESS	Mary Castoral
24 CITY-ST-ZIP	2705 Norwood Lane Venice FL 34292
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Director
43 STREET ADDRESS	William Dank
44 CITY-ST-ZIP	2802 Norwood Ln. Venice FL 34292
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Dir.
53 STREET ADDRESS	Lloyd Cox
54 CITY-ST-ZIP	2302 Hermitage Blvd. Venice FL 34292
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Dir.
63 STREET ADDRESS	Bruce Halthner
64 CITY-ST-ZIP	2406 Hermitage Blvd. Venice FL 34292

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)(k), 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 trustee 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 address.

SIGNATURE: Mark Bills /oc 3/13/96 941 484-8670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: one Phone #

CR2E037 (12/95)