

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741542 (5)**

1. Corporation Name  
**VENICE ACRES IMPROVEMENT ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
% PALM REALTY 101 CAPRI ISLE VENICE FL 34292 US		% PALM REALTY 101 CAPRI ISLE VENICE FL 34292	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

3. Date Incorporated or Qualified  
**02/07/1978**

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**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**CROSS, DARLENE**  
%PALM REALTY  
200 101 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, BILL	1.2 NAME	
STREET ADDRESS	1309 GULLFORD	1.3 STREET ADDRESS	HANNON, EDWARD
CITY-ST-ZIP	VENICE FL 34292	1.4 CITY-ST-ZIP	1307 LAMBETH CR. VENICE FL 34292
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTORAL, MARY	2.2 NAME	
STREET ADDRESS	2705 NORWOOD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOL, THOMAS	3.2 NAME	
STREET ADDRESS	2705 HERMITAGE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENCONI, RON	4.2 NAME	CASTORAL, PRANK
STREET ADDRESS	1315 GUARDIAN DR	4.3 STREET ADDRESS	2705 NORWOOD LANE
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	VENICE FL 34292
TITLE	PD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, LLOYD	5.2 NAME	COX, MARILYN
STREET ADDRESS	2302 HERMITAGE BLVD	5.3 STREET ADDRESS	2302 HERMITAGE BLVD.
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	VENICE FL 34292
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINGER, AGNES	6.2 NAME	LeBLANC, KENNETH
STREET ADDRESS	2541 NORTHWAY DR	6.3 STREET ADDRESS	1324 GUARDIAN
CITY-ST-ZIP	VENICE FL	6.4 CITY-ST-ZIP	VENICE FL 34292

14. 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 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: *Darlene Cross* 4/3/98 941-484-9620

CR2E037 (10/97)