

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0053568

DOCUMENT # 741542

1. Entity Name

VENICE ACRES IMPROVEMENT ASSOCIATION, INC.

04-10-2002 90445 049 ****61.25

Principal Place of Business C/O CPMI 101 CAPRI ISLE BLVD#4 VENICE FL 34292 US	Mailing Address C/O CPMI 101 CAPRI ISLE BLVD#4 VENICE FL 34292 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2409681	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, DEBBIE
C/P CPMI
200 CAPRI ISLES BLVD #4
VENICE FL 34292

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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHADE, MIKE	
STREET ADDRESS	2821 NORWOOD LANE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCGOOGAN, DAN	
STREET ADDRESS	2537 NORTHWAY DR.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSBORNE, BETH	
STREET ADDRESS	2906 HERMITAGE BLVD	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTORAL, MARY	
STREET ADDRESS	2705 NORWOOD LANE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, EVE	
STREET ADDRESS	2817 NORWOOD LANE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPEAR, LINDA	
STREET ADDRESS	1320 GUARDIAN DR.	
CITY-ST-ZIP	VENICE FL 34292	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELES, BRYAN	
STREET ADDRESS	2901 HERMITAGE BLVD.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 *[Signature]* **REQUIRE** *Mike Schade* Date *4/2/02* Daytime Phone # *412 0449*

CR2E037 (9/01)