


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90119 040 \*\*\*\*61.25

<b>DOCUMENT # 741542</b>					
1. Entity Name VENICE ACRES IMPROVEMENT ASSOCIATION, INC.					
Principal Place of Business C/O CPMI 810 B PINEBROOK ROAD VENICE, FL 34292 US		Mailing Address C/O CPMI 810 B PINEBROOK ROAD VENICE, FL 34292 US			
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 Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAPRI PROPERTY MANAGEMENT, INC. 810B PINEBROOK RD VENICE, FL 34292			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Mike Schade	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, BILL		NAME	PO Box 63	
STREET ADDRESS	2502 FIRETREE LANE		STREET ADDRESS	Venice FL 34284-0063	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOOGAN, DAN		NAME		
STREET ADDRESS	2537 NORTHWAY DR.		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORNE, BETH		NAME		
STREET ADDRESS	2906 HERMITAGE BLVD		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBBIE, GREEN		NAME		
STREET ADDRESS	810 B. PINEBROOK RD.		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, EVE		NAME		
STREET ADDRESS	2817 NORWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Lloyd Cox	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELES, BRYAN		NAME	2302 Hermitage Blvd	
STREET ADDRESS	2901 HERMITAGE BLVD.		STREET ADDRESS	Venice FL 34292	
CITY-ST-ZIP	VENICE, FL 34292		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: <u>Debbie Green</u> <u>Debbie Green</u>			Date: <u>4-2-05</u>		Daytime Phone #: <u>941-412-0449</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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