2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743598

FILED Apr 23, 2007 Secretary of State

Entity Name: TOWNHOUSES OF VENETIAN PARK HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

819 N.E. 27TH AVENUE HALLANDALE, FL 33009

Current Mailing Address: New Mailing Address:

819 N.E. 27TH AVENUE HALLANDALE, FL 33009

FEI Number: 59-1870934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SYMOS, KAREN MOSS, LARRY 708 N.E. 27TH AVE 934 NE 26TH AVE

HALLANDALE, FL 33009 US HALLANDALE, FL 33009 US

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: LARRY MOSS 04/23/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 SYMOS, KAREN
 Name:
 MOSS, LARRY

 Address:
 708 N.E. 27TH AVE
 Address:
 934 NE 26TH AVE

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 HALLANDALE, FL 33009

Title: VPD () Delete Title: VPD (X) Change () Addition Name: ESACK, MIKE Name: FRIEDMAN, HARRIET

 Name:
 ESACK, MIKE
 Name:
 FRIEDMAN, HARRIET

 Address:
 715 N.E.27TH AVE
 Address:
 901 NE 27TH AVE

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 HALLANDALE, FL 33009

Title: TRE () Delete Title: () Change () Addition

 Name:
 NECKES, MARK
 Name:

 Address:
 801 N.E.27TH AVE
 Address:

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 LYDIA, PINEIRO
 Name:
 FERRARI, CARLA

 Address:
 907 N.E.27THAVE
 Address:
 713 NE 27TH AVE

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY MOSS PD 04/23/2007