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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **757754** **(7)**

1. Corporation Name

VENETIAN VILLAS UNIT OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
105 QUAYASSISI NEW SMYRNA BEACH FL 32169 US	105 QUAYASSISI NEW SMYRNA BEACH FL 32169-5111 US

3. Date Incorporated or Qualified: 04/27/1981
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2749530 ☐ 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

9. Name and Address of Current Registered Agent

HALL, MARK R.
221 NORTH CAUSEWAY
NEW SMYRNA BEACH FL 32169

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: Dulcie D Willis — 4-30-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	AHRENS, WILLARD		1.2 NAME	CUMISKY, JOHN H	
STREET ADDRESS	168 BREEZEWAT COURT		1.3 STREET ADDRESS	122 LAGOON CT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 CITY-ST-ZIP	NEW SMYRNA BCH, FL.	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HERRING, GEORGE		2.2 NAME	YOUNG NANCY	
STREET ADDRESS	174 BREEZEWAY CT		2.3 STREET ADDRESS	121 LAGOON CT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2.4 CITY-ST-ZIP	NEW SMYRNA BCH., FL	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIS, DULCIE O		3.2 NAME		
STREET ADDRESS	134 LAGOON CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	POTTER, BARBARA		4.2 NAME	SHIPTON JUSTINA	
STREET ADDRESS	125 LAGOON CT		4.3 STREET ADDRESS	157 BREEZEWAY CT	
CITY-ST-ZIP	NEW SMYRNA BCH FL		4.4 CITY-ST-ZIP	NEW SMYRNA BCH., FL	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	YOUNG, NANCY		5.2 NAME	NELSON, SHEILA	
STREET ADDRESS	121 LAGOON CT		5.3 STREET ADDRESS	113 LAGOON CT.,	
CITY-ST-ZIP	NEW SMYRNA BCH FL		5.4 CITY-ST-ZIP	NEW SMYRNA BCH., FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Dulcie D. Willis Dulcie D. Willis TR 4-30-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 6003106