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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 OUAYASSISI NEW SMYRNA BEACH FL 32168 US	105 OUAYASSISI NEW SMYRNA BEACH FL 32168 US

3. Date Incorporated or Qualified: 04/27/1981

4. FEI Number: 59-2749530 ☐ Applied For ☐ Not Applicable

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

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

City & State (23) / (28)

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

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

~~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 _____ 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CUMISKY, JOHN H	Pres	1.2 NAME	
STREET ADDRESS	122 LAGOON CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	YOUNE, NANCY	– Nancy Young V.P.	2.2 NAME	
STREET ADDRESS	121 LAGOON CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIS, DULCIE O		3.2 NAME	
STREET ADDRESS	134 LAGOON CT	Director	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		3.4 CITY-ST-ZIP	
TITLE	~~SD~~ TR	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	~~CHIPTON, JUSTINA~~	Louis Tumeo	4.2 NAME	
STREET ADDRESS	~~137 BREEZEWAY CT~~	164 BREEZEWAY CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL	Treas.	4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, SHEILA		5.2 NAME	
STREET ADDRESS	113 LAGOON CT	Sect.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL		5.4 CITY-ST-ZIP	
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 (10/97)

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: [signature] 6-18-98 423-8126