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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757754

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24: 32169 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29: 32169 Country 30	3. Date Incorporated or Qualifed: 04/27/1981 4. FEI Number: 59-2749530 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: SID C. PETERSON JR. ATTY.
82 Street Address (P.O. Box Number is Not Acceptable): 418 CANAL ST
83
84 City: NEW SMYRNA BEACH FL 85 Zip Code: 32168

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 1-11-99
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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CUMISKY, JOHN H		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	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, NANCY		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		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LOUIS TUMEO		4.2 NAME	
STREET ADDRESS	164 BREEZEWAY CT		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL		4.4 CITY-ST-ZIP	
TITLE	SD	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, SHEILA		5.2 NAME	
STREET ADDRESS	113 LAGOON CT		5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL		5.4 CITY-ST-ZIP	
TITLE	FRAN WORLEY (SEC)	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	152 BREEZEWAY CT.		6.2 NAME	
STREET ADDRESS	NEW SMYRNA Bch. Fl.		6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED TREASURER 1-11-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #