2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# 757754

Entity Name: VENETIAN VILLAS UNIT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
STE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
STE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2749530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CRISP, BRAD	
Address:	169 BREEZEWAY CT	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	VPD	( ) Delete
Name:	TODD, ROSE	
Address:	172 BREEZEWAY CT	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	SD	( ) Delete
Name:	BURROWS, ALICE	
Address:	129 LAGOON CT	
City-St-Zip:	NEW SMYRNA BEACH, FL 321695314	
Title:	TD	( ) Delete
Name:	HEMLER, KATHERINE	
Address:	108 LAGOON CT	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	D	( ) Delete
Name:	JULIAN, BETTY B	
Address:	PO BOX 2265	
City-St-Zip:	NEW SMYRNA BEACH, FL 32170	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	CALLISON, JUDITH	
Address:	170 BREEZEWAY CT	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	D	(X) Change ( ) Addition
Name:	LAWNICKI, VIVIAN	
Address:	150 BREEZEWAY CT	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRAD CRISP PD 04/11/2005

Electronic Signature of Signing Officer or Director — Date