

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757754

FILED
Mar 12, 2009
Secretary of State

Entity Name: VENETIAN VILLAS UNIT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

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: LAWNICKI, VIVIAN
Address: 150 BREEZEWAY CT
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD () Delete
Name: TUMEO, LOUIS
Address: 164 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: D () Delete
Name: BANKS, GINGER
Address: 5358 FAIRLANE DR
City-St-Zip: HOMER, NY 13077

Title: TD () Delete
Name: POTTER, AL
Address: 125 LAGOON CT
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAWNICKI, VIVIAN
Address: 148 BREEZEWAY CT
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BANKS, GINGER
Address: 127 LAGOON CT
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD (X) Change () Addition
Name: POTTER, BARBARA
Address: 125 LAGOON CT
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify 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: VIVIAN LAWNICKI

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date