

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90030 002 \*\*\*\*70.00

<b>DOCUMENT # N00000004097</b>					
<b>1. Entity Name</b> VENEZIA LAKES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> COURTESY PROPERTY MGMT 13250 SW 135 AVE MIAMI, FL 33186			<b>Mailing Address</b> COURTESY PROPERTY MGMT 13250 SW 135 AVE MIAMI, FL 33186		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1024127	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MOTYCZKA, WILLIAM J 13410 SW 128 ST MIAMI, FL 33186			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> FONSECA, RALPH <b>STREET ADDRESS</b> 12916 SW 136 TERR <b>CITY-ST-ZIP</b> MIAMI, FL 33186	<input type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> VANTERPOOL, RAE <b>STREET ADDRESS</b> 12982 SW 142 TERR <b>CITY-ST-ZIP</b> MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> FIGUEROA, Rolando <b>STREET ADDRESS</b> 13442 SW 136 Terr <b>CITY-ST-ZIP</b> Miami FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> FORTE, JULIO <b>STREET ADDRESS</b> 14122 SW 129 CT <b>CITY-ST-ZIP</b> MIAMI, FL 33186	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Rodriguez, Jimmy <b>STREET ADDRESS</b> 13054 SW 143 Terr <b>CITY-ST-ZIP</b> Miami FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> BRINA, TONY <b>STREET ADDRESS</b> 13101 SW 141 TERR <b>CITY-ST-ZIP</b> MIAMI, FL 33186	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> PAZ, Nestor <b>STREET ADDRESS</b> 13372 SW 136 Terr <b>CITY-ST-ZIP</b> Miami FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> IGLESIAS, CAROL R <b>STREET ADDRESS</b> 14020 SE 130 PL <b>CITY-ST-ZIP</b> MIAMI, FL 33186	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> WOOD-VERA, MARY KAY <b>STREET ADDRESS</b> 12941 SW 140 ST RD <b>CITY-ST-ZIP</b> MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Julio Forte</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-24-07</u> Daytime Phone # _____		