

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # N00000004097

1. Entity Name
VENEZIA LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**COURTESY PROPERTY MGMT
13250 SW 135 AVE
MIAMI, FL 33186**

Mailing Address
**COURTESY PROPERTY MGMT
13250 SW 135 AVE
MIAMI, FL 33186**



03072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1024127

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOTYCZKA, WILLIAM J
13410 SW 128 ST
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FONSECA, RALPH 12916 SW 136 TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIGUERRDO, RONALDO 13442 SW 136 TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORTE, JULIO 14122 SW 129 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRINA, TONY 13101 SW 141 TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IGLESIAS, CAROL R 14020 SE 130 PL MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JIMMY 13054 SW 143 TERR MIAMI, FL 33186

U000000983524
04/09/08-80053-013 70.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Julio Forte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-08

Date

(305) 753-0540

Daytime Phone