2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90032 049 ****61.25

DOCUMENT # N01000000710

1. Entity Name
MURANO AT VENETIAN ISLES HOMEOWNERS ASSOCIATION, INC.

44003701

Principal Place of Business	Mailing Address
3900 WOODLAKE BLVD SUITE 201 LAKE WORTH, FL 33463	3900 WOODLAKE BLVD SUITE 201 LAKE WORTH, FL 33463

01122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1094013 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIMBALL FLETCHER, PATRICIA P.A.
200 S BISCAYNE BLVD, STE 3410
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name GRS MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable) 3900 WOODLAKE BLVD
JOE GILBERT SUITE 201
City LAKE WORTH FL **FL** Zip Code 33463

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 Patricia Fletcher - PCAN
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DREWS, ROBERT 1013 N STATE RD 7 WEST PALM BEACH, FL 33411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st VPD Holub, George 8773 Bellido Circle Boynton Bch, FL 33437	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GOSSELIN, ANETTE 1013 N STATE RD #7 WEST PALM BEACH, FL 33411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~2nd VPD~~ TREASURER Laurence Stone 8767 Bellido Cir Boynton Bch, FL 33437	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST INDIVIGLIO, MARIO 1013 N STATE RD 7 WEST PALM BEACH, FL 33411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jacob Schneider 8838 Bellido Cir Boynton Bch, FL 33437	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Belford, Roz 8401 Marsala Way Boynton Bch, FL 33437	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd VPD Leibowitz, Michael 8335 Marsala Way Boynton Bch, FL 33437	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Laurence Stone TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #