2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State
02-23-2006 90009 036 ****61.25

DOCUMENT # N01000000710

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

Principal Place of Business	Mailing Address
3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463	3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463

01272006 Chg-NP CR2E037 (11/05)

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	7. Name and Address of New Registered Agent
GRS MANAGEMENT 3900 WOODLAKE BLVD Ste 309 LAKE WORTH, FL 33463	Name Jay Steven Levine, P.A. Street Address (P.O. Box Number is Not Acceptable) d/b/a Levine ? Burr, Attorneys 3300 PGA Blvd. Ste 530 City Palm Beach Gardens FL Zip Code 33410

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 _____ 2/15/06
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, 2006

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	1VPD HOLUB, GEORGE 8773 BELLIDO CIRCLE BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHEINER, JACOB 8838 BELLIDO CIR BOYNTON BEACH, FL 33437	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP2 FRAISER ANDRE 8448 MARSALA WAY Boynton Beach FL 33437 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BELFORD, ROZ 8401 MARSALA WAY BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP2 LEIBOWITZ, MICHAEL 8355 MARSHALA WAY BOYNTON BEACH, FL 33437	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEIBOWITZ MICHAEL 8335 MARSALA WAY Boynton Beach FL 33437 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHAIKEN, BARBARA 8245 MARSALA WAY BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 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: Roz Belford Roz Belford 2/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #