2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 12, 2007 8:00 am Secretary of State

03-12-2007 90366 031 ****61.25

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DOCUMENT # N01000000710

MURANO AT VENETIAN ISLES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2000 WOODI AVE DI VID CHITE 200 Mailing Address

2000 MOODI AVE DI VID CIJITE 200

LAKE WORTH	I, FL 33463			900 WOODLAKE BLYD SOITE 309 AKE WORTH, FL 33463					11 8 14 8 8 1111 6 8 141 8 1	TIM BEIN BENK B		
2. Principal P	ling Address	Address										
Suite, Apt. #, etc.			Şı	Suite, Apt. #, etc.				01042007 Ct	ng-NP	CR2E0	37 (12/06)	
City & State				City & State				4. FEI Number Applied For 65-1094013 Not Applicable				
Zip Country			Zip C			puntry		5. Certificate of Status Desired				
	d Agent			k	7. Name and Address of New Registered Agent							
						Name						
JAY STEVEN LEVINE, P.A.						Street Address (P.O. Box Number is Not Acceptable)						
3300 PGA BLVD STE 530 PALM BEACH GARDENS, FL 33410					Street Address			(F.O. BOX Number is Not Acceptable)				
THE DESIGN OF THE BOTTO												
				City						FL	Zip Code	8
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. Lam familiar with, and accept												
the obligations of registered agent.												
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if apj	plicable (NOTE	Registere	d Agent signature	required	when reinstating)		DATE		
Filing Fee is \$61.25 9. Election Campai						~ _		\$5.00 May Be Make check payable to				
Due by May 1, 2007					Trust Fund Contribution.			Added to Fees	Florida Department of State			
10.	,	OFFICERS AND DIR	ECTORS		11.		Α	DDITIONS/CHANG	ES TO OFFICI	ERS AND D	IRECTORS IN	10
TITLE	1VPD			Delete	TITLE	I .					□ Change	Addition
NAME	HOLUB, GEORGE				E							
STREET ADDRESS CITY-ST-ZIP				SIRE								
	VP2	N BEACH, FL 33437			-							
TITLE NAME	FRAISER	ANDRE		☐ Delete	NAM	I .	_ ~	LADOAL	Δ		☐ Change	Addition
STREET ADDRESS	· '					EET ADDRESS TY		1 BISTANCE				
CITY+\$1-ZIP	BOYNTON BEACH, FL 33437					-ST-ZIP	1.1A-9					
TITLE	T	· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE				<u>-</u>		☐ Change	Addition
NAME	BELFORE), ROZ		23 5000	NAM							
STREET AODRESS	8401 MAF	RSALA WAY			STRE	ET ADDRESS						
CITY-ST-ZIP	BOYNTO	N BEACH, FL 33437			CITY	-ST-ZIP						
TITLE	PD			☐ Delete	TITLE						☐ Change	☐ Addition
NAME	I	TZ, MICHAEL			NAM	ž l						
STREET ADDRESS	I	RSALA WAY				ET ADDRESS						
CITY-ST-ZP		N BEACH, FL 33437		<u></u>	-	ST-ZIP						
TITLE	S	I, BARBARA		☐ Defete	TATLE						☐ Change	Addition
NAME STREET ADDRESS	1	RSALA WAY			NAM	ET ADDRESS						
CITY-ST-ZIP		N BEACH, FL 33437				ST-ZIP						
TITLE				☐ Delete	TITLE	-					☐ Change	☐ Addition
NAME				M Delete	NAM						ட பவர்	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	ST-ZIP						

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 surfigemental 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, which all given the empowered.

SIGNATURE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR