2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N01000000710

1. Entity Name

MURANO AT VENETIAN ISLES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463 Mailing Address

3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463

FILED Feb 12, 2008 8:00 am Secretary of State

02-12-2008 90007 048 ****61.25

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01222008 No Chg-NP

CR2E037 (4/06)

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

JAY STEVEN LEVINE, P.A. 3300 PGA BLVD STE 530 PALM BEACH GARDENS, FL 33410

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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 Election Campaign Financing Trust Fund Contribution. •\$5.00 May Be Added to Fees

1			
10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD HOLUB, GEORGE 8773 BELLIDO CIRCLE BOYNTON BEACH, FL 33467 33472		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2 FRAISER, ANDRE 8488 MARSALA WAY BOYNTON BEACH, FL 38437 33472		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELFORD, ROZ 8401 MARSALA WAY BOYNTON BEACH, FL 33487 33472		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIBOWITZ, MICHAEL 8335 MARSALA WAY BOYNTON BEACH, FL 33487 3347 2		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAIKEN, BARBARA 8245 MARSALA WAY BOYNTON BEACH, FL 33487 3347 2		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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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 of 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 a didess, with all others the proposered.

SIGNATURE:

TURE AND TYPED OR PRINTED PANE OF SIGNING OFFICER OR DIF

2-1-08

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Daytime Phone #