2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N01000000710

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

Current Principal Place of Business:

3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-1094013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: 1VPD ( ) Delete
Name: HOLUB, GEORGE
Address: 8773 BELLIDO CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: VP2 ( ) Delete
Name: FRAISER, ANDRE
Address: 8488 MARSALA WAY
City-St-Zip: BOYNTON BEACH, FL 33472

Title: T ( ) Delete
Name: BELFORD, ROZ
Address: 8401 MARSALA WAY
City-St-Zip: BOYNTON BEACH, FL 33472

Title: PD ( ) Delete
Name: LEIBOWITZ, MICHAEL
Address: 8335 MARSALA WAY
City-St-Zip: BOYNTON BEACH, FL 33472

Title: S ( ) Delete
Name: CHAIKEN, BARBARA
Address: 8245 MARSALA WAY
City-St-Zip: BOYNTON BEACH, FL 33472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP2 (X) Change ( ) Addition
Name: FRAISER, ANDRE
Address: 8448 MARSALA WAY
City-St-Zip: BOYNTON BEACH, FL 33472

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LEIBOWITZ PRES 04/03/2009

Electronic Signature of Signing Officer or Director — Date