

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90031 049 ****61.25

DOCUMENT # N01000003751 1. Entity Name VENETIAN ISLES MASTER ASSOCIATION, INC.					
Principal Place of Business 14275 SW 142ND STREET MIAMI, FL 33185			Mailing Address 14275 SW 142ND STREET MIAMI, FL 33185		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
Country			Country		
4. FEI Number 65-1108042			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	D CASPEDES, JUAN R 18521 SW 30 ST. MIAMI, FL 33185	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASPEDES, JUAN R 18521 SW 30 ST. MIAMI, FL 33185	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSE, JOSE 3005 SW 155 AVE. MIAMI, FL 33185	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSE MEDINA 3005 SW 155 AVE MIAMI, FL 33185	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDUARDO, ALVAREZ 15471 SW 30 ST. MIAMI, FL 33185	☐ 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
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-21-08 Date Daytime Phone #		

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