## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003751

FILED Jan 23, 2009 Secretary of State

Entity Name: VENETIAN ISLES MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

14275 SW 142ND STREET MIAMI, FL 33185

Current Mailing Address: New Mailing Address:

14275 SW 142ND STREET MIAMI, FL 33185

FEI Number: 65-1108042 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 P
 (X) Change ( ) Addition

 Name:
 CASPEDES, JUAN R
 Name:
 ALVAREZ, EDUARDO

 Address:
 15421 SW 30 ST
 Address:
 14275 SW 142 AVE

 City-St-Zip:
 MIAMI, FL 33185
 City-St-Zip:
 MIAMI, FL 33186

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 JOSE, JOSE
 Name:
 MEDINA, JOSE

 Address:
 3005 SW 185 AVE
 Address:
 14275 SW 142 AVE

 City-St-Zip:
 MIAMI, FL 33185
 City-St-Zip:
 MIAMI, FL 33186

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 EDUARDO, ALVAREZ
 Name:
 CESPEDES, JÚAN

 Address:
 15471 SW 30 ST.
 Address:
 14275 SW 142 AVE

 City-St-Zip:
 MIAMI, FL 33185
 City-St-Zip:
 MIAMI, FL 33186

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: EDUARDO ALVAREZ P 01/23/2009