

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90346 041 ****61.25

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04142004 Chg-NP CR2E037 (10/03)

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1. Entity Name VENETIAN BAY CONDOMINIUM ASSOCIATION, INC.																																																																																																																																			
Principal Place of Business 712 PALMETTO AVE. MELBOURNE, FL 32901			Mailing Address 712 PALMETTO AVE. MELBOURNE, FL 32901																																																																																																																																
2. Principal Place of Business 4955 DIXIE HWY NE Suite, Apt. #, etc.		3. Mailing Address 4955 DIXIE HWY NE Suite, Apt. #, etc.																																																																																																																																	
City & State PALM BAY FL		City & State PALM BAY FL		4. FEI Number APPLIED FOR 06-1687705																																																																																																																															
Zip 32905		Country BRAZIL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.																																																																																																																															
6. Name and Address of Current Registered Agent ENGLE, C. DOUGLAS 712 PALMETTO AVE. MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																																																																																																																
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																															
Make check payable to Florida Department of State																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> PD ENGLE, C. DOUGLAS 712 PALMETTO AVE. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>James C. Engle Jr.</u>			4-15-04 321-951-0641																																																																																																																																
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>																																																																																																																																