


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90003 009 ****61.25

DOCUMENT # N02000002257
 1. Entity Name
VENETIAN BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
6767 N WICKHAM RD SUITE 213 MELBOURNE FL 32940 **PO BOX 410759 MELBOURNE FL 32941-0759**



2. Principal Place of Business Suite, Apt. #, etc. **4955 Dixie Hwy NE**
 3. Mailing Address Suite, Apt. #, etc. **4955 Dixie Hwy NE**

1st MOORE CR2E037 (10/05)

City & State **Palm Bay** City & State **Palm Bay**
 Zip **32905** Country **Brevard** Zip **32905** Country **Brevard**

4. FEI Number **06-1687705** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ADVANCED PROPERTY MANAGEMENT
6767 N WICKHAM RD
SUITE 213
MELBOURNE FL 32940

7. Name and Address of New Registered Agent
 Name **Marilyn A. Rigerman**
 Street Address (P.O. Box Number is Not Acceptable) **200 N. 15th St.**
 City **Coconut Beach** FL Zip Code **32931**

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 Marilyn A. Rigerman Marilyn A. Rigerman 6-20-06
Signature, typed or printed name of registered agent (indicate if applicable) (NOTE: Registered Agent signature required when registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SILVASI-PATCHIN, JUDY	
STREET ADDRESS	4955 DIXIE HWY LANE #603	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	BALDWIN, ROBERT	
STREET ADDRESS	4955 DIXIE HWY LANE #501	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WILD, ED	
STREET ADDRESS	4975 DIXIE HWY LANE # 404	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURIE RUSSELBURG	
STREET ADDRESS	4975 DIXIE HWY NE #603	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Laurie Russelburg 6/14/06 610-334-7266