

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002257

FILED
May 18, 2009
Secretary of State

Entity Name: VENETIAN BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4955 DIXIE HWY NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

4955 DIXIE HWY NE
PALM BAY, FL 32905

New Mailing Address:

200 NORTH FIRST STREET
COCOA BEACH, FL 32931

FEI Number: 06-1687705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RIGERMAN, MARILYN A
200 N 1ST ST
COCOA BEACH, FL 32931 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: S () Delete
Name: BALDWIN, ROBERT Y
Address: 4955 DIXIE HWY NE #501
City-St-Zip: PALM BAY, FL 32905

Title: P () Delete
Name: WILD, ED
Address: 4975 DIXIE HWY NE # 404
City-St-Zip: PALM BAY, FL 32905

Title: T () Delete
Name: HANSEN, BARRY
Address: 4955 DIXIE HWY NE #402
City-St-Zip: PALM BAY, FL 32905

Title: VP () Delete
Name: PINDER, ALICE
Address: 4955 DIXIE HWY NE #301
City-St-Zip: PALM BAY, FL 32905

Title: MEMB (X) Delete
Name: WALKOWIAK, GERALD
Address: 4955 DIXIE HWY NE #502
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP (X) Change () Addition
Name: CONNERY, WALTER
Address: 4955 DIXIE HWY NE
City-St-Zip: PALM BAY, FL 32905

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: ED WILD

_____ Electronic Signature of Signing Officer or Director

P

05/18/2009

_____ Date