

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90100 028 ****61.25

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DOCUMENT # N02000009338 1. Entity Name VENETIAN BAY VILLAGES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1551 SANDSPUR MAITLAND, FL 32751		Mailing Address 1551 SANDSPUR MAITLAND, FL 32751	
2. Principal Place of Business Leland Management Suite, Apt. #, etc. 1633 E. Vine St. Ste. 110 City & State Kissimmee FL Zip 34744 Country USA		3. Mailing Address Leland Management Suite, Apt. #, etc. 1633 E. Vine St. Ste. 110 City & State Kissimmee FL Zip 34744 Country USA	
4. FEI Number 54-2095617		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LELAND MANAGEMENT INC. 1633 E. VINE ST., STE 110 KISSIMMEE, FL 34744		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 <u><i>Rebecca Duke</i></u> Signature, typed or printed name of registered agent and title if applicable. DATE _____ (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2004		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 ☐ Delete MARTIN, TONY 1551 SANDSPUR MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7200 LAKE ELLenor DRIVE Suite 241 ORlando, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SHASSIAN, LOUIS P 1551 SANDSPUR MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7200 LAKE ELLenor DRIVE Suite 241 ORlando, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete HARRIS, GENE 1551 SANDSPUR MAITLAND, FL 32751	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
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 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><i>Rebecca Duke</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # (407) 816-7811	