

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90180 009 ****61.25

DOCUMENT # N02000009338

1. Entity Name
VENETIAN BAY VILLAGES CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
LELAND MGT
1633 E. VINE ST., STE 110
KISSIMMEE, FL 34744

Mailing Address
LELAND MGT
1633 E. VINE ST., STE 110
KISSIMMEE, FL 34744

14004090



2. Principal Place of Business c/o Leland Management Suite, Apt. #, etc. 8009 S. Orange Ave City & State Orlando, FL Zip 32809 Country US		3. Mailing Address c/o Leland Management Suite, Apt. #, etc. 8009 S. Orange Ave City & State Orlando, FL Zip 32809 Country US	
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04142005 Chg-NP CR2E037 (10/03)

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: Rebecca Furlow
Street Address (P.O. Box Number is Not Acceptable)
8009 S. Orange Ave
City: Orlando FL Zip Code: 32809

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

Rebecca Furlow

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, TONY 7200 LAKE ELLENOR DRIVE SUITE 241 ORLANDO, FL 32809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHASSIAN, LOUIS P 7200 LAKE ELLENOR DRIVE SUITE 241 ORLANDO, FL 32809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7001 Lake Ellenor Dr, Ste 200 Orlando, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7001 Lake Ellenor Dr, Ste 200 Orlando, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

Date

Daytime Phone #