


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90019 027 ****61.25

DOCUMENT # N03000010955

1. Entity Name
 THE VILLAS AT VENICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 4000 IBIS WAY STE 101
 VENICE, FL 34292

Mailing Address
 4000 IBIS WAY STE 101
 VENICE, FL 34292

2. Principal Place of Business - No P.O. Box #
 7000 IBIS WAY
 Suite, Apt. #, etc.
 UNIT 101
 City & State
 VENICE, FL

3. Mailing Address
 7000 IBIS WAY
 Suite, Apt. #, etc.
 UNIT 101
 City & State
 VENICE, FL

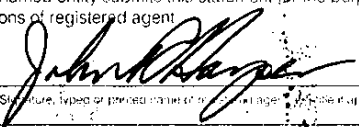
Zip
 34292 Country
 SARASOTA

Zip
 34292 Country
 SARASOTA

6. Name and Address of Current Registered Agent
 SCHLIESMANN, JOHN B
 4000 IBIS WAY STE 101
 VENICE, FL 34292

7. Name and Address of New Registered Agent
 Name
 HARPER, JOHN R.
 Street Address (P.O. Box Number is Not Acceptable)
 7000 IBIS WAY UNIT 101
 City
 VENICE FL Zip Code
 34292

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  JOHN R. HARPER, TREASURER 1-28-08

Signature, typed or printed name of registered agent. (Not applicable) (NOTE: Registered Agent signature required when re-registering) DATE

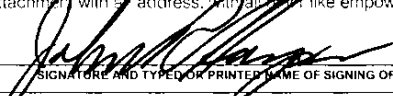
Filing Fee is \$61.25 Due by May 1, 2008

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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, RALPH		NAME	HALPIN, HOWARD	
STREET ADDRESS	3000 IBIS WAY STE 201		STREET ADDRESS	3000 IBIS WAY UNIT 201	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	VENICE, FL 34292	
TITLE	VDP	<input checked="" type="checkbox"/> Delete	TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALPIN, HOWARD		NAME	HARPER, JOHN R.	
STREET ADDRESS	1000 IBIS WAY STE 202		STREET ADDRESS	7000 IBIS WAY UNIT 101	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	VENICE, FL 34292	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLIESMANN, JOHN B		NAME	PICCIN, ELAINE	
STREET ADDRESS	4000 IBIS WAY STE 101		STREET ADDRESS	7000 IBIS WAY UNIT 201	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	VENICE, FL 34292	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICCIN, LLOYD		NAME		
STREET ADDRESS	7000 IBIS WAY STE 201		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, and all like empowered.

SIGNATURE:  JOHN R. HARPER, TREASURER 1-28-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

