2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000005425

1. Entity Name
VENETIAN PARKWAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1215 JACARANDA BOULEVARD VENICE, FL 34292	1220 E. VENICE AVE. VENICE, FL 34285

03092006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
20-1129605
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEMASI, RONALD W
1203 JACARANDA BOULEVARD
VENICE, FL 34292

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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 _____
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FELMAN, ROBERT
STREET ADDRESS	1215 JACARANDA BOULEVARD
CITY-ST-ZIP	VENICE, FL 34292
TITLE	VP
NAME	DEMASI, RONALD W
STREET ADDRESS	1203 JACARANDA BOULEVARD
CITY-ST-ZIP	VENICE, FL 34292
TITLE	S
NAME	DUMAS, PETER
STREET ADDRESS	1203 JACARANDA BOULEVARD
CITY-ST-ZIP	VENICE, FL 34292
TITLE	T
NAME	KONDAPALLI, RAVI
STREET ADDRESS	1203 JACARANDA BOULEVARD
CITY-ST-ZIP	VENICE, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/06-80071-006 61.25

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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 an address, with all other like empowered.

SIGNATURE: ✓ 3-20-06 941-484-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #