

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007788

FILED
Apr 21, 2009
Secretary of State

Entity Name: VENICE ISLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2775 TAFT ST
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2775 TAFT ST
HOLLYWOOD, FL 33020

New Mailing Address:

P.O. BOX 9207
FORT MYERS, FL 33902

FEI Number: 32-0198526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFREDO GARCIA-MENOCAL, P.A.
730 NW 107TH AVE STE 115
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

MARPED PROPERTIES
BOX 9207
FORT MYERS, FL 33902 US

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: MARY DIAZ

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIAZ, JORGE A
Address: 2775 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: VD () Delete
Name: DIAZ, PEDRO
Address: 2775 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: STD () Delete
Name: DIAZ, MARY M
Address: 2775 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: DIAZ, ANA
Address: 2775 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33020

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: () 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: MARY DIAZ

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date