

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39382 (9)
1. Corporation Name

VENETIAN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2900 TOLEDO CORAL GABLES FL 33134	Mailing Address 2900 TOLEDO CORAL GABLES FL 33134
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3. Date Incorporated or Qualified
07/27/1990

4. FEI Number
65-0264887

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

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

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**STOCKER, JOEL I
2800 TOLEDO ST.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	RICHARD E LITT
82 Street Address (P.O. Box Number is Not Acceptable)	2800 TOLEDO ST
83	
84 City	CORAL GABLES
85 State	FL
86 Zip Code	33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITT, RICHARD	1.2 NAME	
STREET ADDRESS	2800 TOLEDO ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGHTMAN, THOMAS O	2.2 NAME	TD SALLY BORRELLI
STREET ADDRESS	2800 TOLEDO ST.	2.3 STREET ADDRESS	2800 TOLEDO ST
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD
NAME	GALLARDO, MARI	3.2 NAME	RAYMOND GALLARDO
STREET ADDRESS	2800 TOLEDO ST	3.3 STREET ADDRESS	2800 TOLEDO ST
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	HOEHL, JACK	4.2 NAME	
STREET ADDRESS	2800 TOLEDO ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRADER, MARGARET	5.2 NAME	
STREET ADDRESS	2800 TOLEDO ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUMBLEY, NANNETTE	6.2 NAME	DIRECTOR ONLY
STREET ADDRESS	2800 TOLEDO ST	6.3 STREET ADDRESS	SAME
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/21/98** PHONE: **305 441-1329**

CR2E037 (10/97)