

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90110 034 ****61.25

DOCUMENT # N39382

1. Entity Name

VENETIAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2800 TOLEDO
CORAL GABLES FL 33134**

**2800 TOLEDO
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0264887

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARD E. LITT
2800 TOLEDO ST.
CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD LITT, RICHARD**
 STREET ADDRESS **2800 TOLEDO ST**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD SALLY BORRELLI**
 STREET ADDRESS **2800 TOLEDO ST.**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GALLARDO, MARI**
 STREET ADDRESS **2800 TOLEDO ST**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HOEHL, JACK**
 STREET ADDRESS **2800 TOLEDO ST**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D RICH, ROBYN**
 STREET ADDRESS **2800 TOLEDO ST**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CHUMBLEY, NANNETTE**
 STREET ADDRESS **2800 TOLEDO ST**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/2001

305 441-1329

CP05037 (10/00)