2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N39382 1. Entity Name VENETIAN CONDOMINIUM ASSOCIATION, INC.



FILED Mar 29, 2006 8:00 am Secretary of State

03-29-2006 90119 022 ****61.25

VERVE	N CONDOMINION ACCOU	12110H, 1140.						
Principal Place of Business 5701 SOUTHWEST 72 STREET SUITE 100-A SOUTH MIAMI, FL 33143		Mailing Address C/O ALHAMBRA PROPERTY MANAGEMENT P.O. BOX 431410 SOUTH MIAMI, FL 33243-1410		40041	289			
2 Principal P	lane of Business	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		03072006 Ch	g-NP CR2E03	7 (11/05)		
City & State		City & State		4. FEI Number 65-026488	7		piled For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		\$8.75 Add		
	6. Name and Address of Current	Registered Agent	L	7. Name and Add	ress of New Registered A	<u>-</u>		
BORRELLI, JAIME E			Name					
2800 TOLEDO ST. #3 CORAL GABLES, FL. 33134			Street Address		s (P.O. Box Number is Not Acceptable)			
	,							
			City		FL	Zip Code	7	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in	the State of Florida. I am f	amillar with,	and accept	
BIE ODINGER	iona or registered agent.							
SIGNATURE .								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature requ	uired when reinstating)	DATE			
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2006		npaign Financing	\$5.00 May Be Added to Fees	Make check Florida Depart			
SIGNATURE	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DIE	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Make check	lment of St	ate	
10.	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DII	9. Election Can Trust Fund C	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check Florida Depart	lment of St	ate	
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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:

Sources AND Tennessey
Bignature and typed or printed name of syming officer or director

3/9/06

Daytime Phone #