2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 20, 2007 8:00 am Secretary of State

04-20-2007 90198 036 ****61.25

DOCUMENT # N39382 1. Entity Name VENETIAN CONDOMINIUM ASSOCIATION, INC.								04-2	20-200	7 90198	036 *	***61.	.25
5701 SOUTHWEST 72 STREET SUITE 100-A			Mailing Address C/O ALHAMBRA PROPERTY MANAGEMENT P.O. BOX 431410 SOUTH MIAMI, FL 33243-1410										
2. Principal P	Place of Business - No P.O. Box #	3. Mail	ing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.					04092007	Chg	-NP	CR2	E037 (1	12/06)	
City & State		Cit	City & State			4. FEI N		er 34887					plied For Applicable
Zip	Country	Zip		Cou	untry		5. Certificate	e of Statu	us Desire	ed 🗍	\$8.	75 Add Required	itional
	6. Name and Address of Curre	nt Registere	d Agent				7. Name an	d Addres	ss of Ne	w Register			
DODDELL					Name								
	II, JAIMÉ É EDO ST. #3	•	•			ddress (i	P.O. Box Numb	ber is No	t Accept	table)			<u>-</u>
CORAL G	ABLES, FL 33134												
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P. The shows	named entity submits this statemen	for the nurn	one of chancing its	ronistor	ad office or	cogintar			- C+-+-	<u>-</u>		Carrie Sala	
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	tions of registered agent.			i og ister	ed office of	register	ed agent, or b	otn, in the	e State (or Florida. I	am tamil	ilar with,	and accept
the obliga					<u>.</u>		ed agent, or b	O(n, in (n	e State C		am famil	ilar with,	and accept
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

☐ Delete

305 444-887

☐ Change

Addition

ROBERTA LAWRENCE, PRESIDEN