


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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DOCUMENT # N39382			
1. Entity Name VENETIAN CONDOMINIUM ASSOCIATION, INC.			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BORRELLI, JAIME E 2800 TOLEDO ST. #3 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD <input checked="" type="checkbox"/> Delete NAME: RICH, ROBYN STREET ADDRESS: 2800 TOLEDO ST. CITY-ST-ZIP: CORAL GABLES, FL	TITLE: PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: LAWRENCE, ROBERTA STREET ADDRESS: 2800 TOLEDO ST. #2 CITY-ST-ZIP: CORAL GABLES, FL. 33134	TITLE: P <input checked="" type="checkbox"/> Delete NAME: HENNESSEY, KEVIN STREET ADDRESS: 2800 TOLEDO STREET #4 CITY-ST-ZIP: CORAL GABLES, FL 33134	TITLE: SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: HENNESSEY, KEVIN STREET ADDRESS: 2800 TOLEDO ST. #4 CITY-ST-ZIP: CORAL GABLES, FLA. 33134
TITLE: D <input checked="" type="checkbox"/> Delete NAME: LITT, RICHARD STREET ADDRESS: 2800 TOLEDO ST CITY-ST-ZIP: CORAL GABLES, FL 33134	TITLE: DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: BORRELLI, JAIME STREET ADDRESS: 2800 TOLEDO STREET, # 3 CITY-ST-ZIP: CORAL GABLES, FL 33134	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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: <i>Roberta Lawrence</i>		Date: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (305 444-8875)	
ROBERTA LAWRENCE, PRESIDENT			