


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90117 044 ****61.25

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 # 2800 TOLEDO ST.		3. Mailing Address 2050 CORAL WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 305	
City & State CORAL GABLES FL		City & State MIAMI, FL	
Zip 33134	Country DADE	Zip 33145	Country DADE
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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	P LAWRENCE, KEVIN 2800 TOLEDO ST. #2 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT LAWRENCE, ROBERTA #2 2800 TOLEDO ST #2 CORAL GABLES, FLA 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S HENNESSEY, KEVIN 2800 TOLEDO ST. #4 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE	S.T. HENNESSEY, KEVIN 2800 TOLEDO ST #4 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BORRELLI, JAIME 2800 TOLEDO STREET #3 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP RICH, ROBYN 2800 Toledo <input type="checkbox"/> Delete	TITLE	VP RICH, ROBYN 2800 TOLEDO ST #5 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	 <input type="checkbox"/> Delete	TITLE	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	 <input type="checkbox"/> Delete	TITLE	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Roberta Lawrence</u>		Date: <u>4/14/08</u> (305-444-5885)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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4. FEI Number 65-0264887 Applied For Not Applicable

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