


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90134 037 ****61.25

DOCUMENT # N39382

1. Entity Name
VENETIAN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2800 TOLEDO
CORAL GABLES FL 33134**

Mailing Address
**2800 TOLEDO
CORAL GABLES FL 33134**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0264887**
Applied For
 Not Applicable

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

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 _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BORRELLI, JAIME E	
STREET ADDRESS	2800 TOLEDO ST.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RICH, ROBYN	
STREET ADDRESS	2800 TOLEDO ST.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, ROBERTA	
STREET ADDRESS	2800 TOLEDO ST	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOEHL, JACK	
STREET ADDRESS	2800 TOLEDO ST	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITT, RICHARD	
STREET ADDRESS	2800 TOLEDO ST	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHUMBLEY, NANNETTE	
STREET ADDRESS	2800 TOLEDO ST	
CITY-ST-ZIP	CORAL GABLES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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~~ **4/17/03** **3050678871** ***360**

CR2E037 (10/02)