

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:19

DOCUMENT # **N42983** (9)

1. Corporation Name  
**CASA VENEZIA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**1901 S TAMiami TRAIL  
VENICE FL 34293**

Mailing Address  
**528 W. VENICE AVE.  
APT. 4  
VENICE FL 34285  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/16/1991**

3a. Date of Last Report  
**02/15/1994**

4. FEI Number  
**65-0293679**

Applied For  
 Not Applicable

2. Principal Place of Business  
21 **528 W. VENICE AVE #2**  
City, Apt. #, etc.  
22 **VENICE, FL 34285**  
City & State

2a. Mailing Address  
26 **528 W. Venice Ave #2**  
Suite, Apt. #, etc.  
27 **Venice FL 34285**  
City & State

23  
Zip Country  
24  
25  
29  
30

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MACRIS, STEVEN W.  
609 TAMiami TRAIL  
VENICE FL 34285**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>HACKER, ALICE L.</b>
STREET ADDRESS	<b>528 W VENICE AVE., APT. 4</b>
CITY-ST-ZIP	<b>VENICE FL</b>
TITLE	<b>SD</b>
NAME	<b>BURCHERT, RUTH</b>
STREET ADDRESS	<b>528 W. VENICE AVE., APT 2</b>
CITY-ST-ZIP	<b>VENICE FL</b>
TITLE	<b>TD</b>
NAME	<b>JUMGERMANN, HELEN A.</b>
STREET ADDRESS	<b>628 W VENICE AVE., APT. 1</b>
CITY-ST-ZIP	<b>VENICE FL</b>
TITLE	<b><del>Resident</del></b>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ROY R. KLEHET</b>
4.3 STREET ADDRESS	<b>528 W. VENICE AVE #3</b>
4.4 CITY-ST-ZIP	<b>VENICE, FL - 34285</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Burchert Ruth Burchert 1-18-95-813-488-5600  
Signature and typed or printed name of signing officer or director Date (Month/Year)