

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N42983** (9)
1. Corporation Name
CASA VENEZIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 528 W. VENICE AVE #2, VENICE FL 34285, US
Mailing Address: 528 W. VENICE AVE #2, APT. 4, VENICE FL 34285, US

3. Date Incorporated or Qualified: 04/16/1991
3a. Date of Last Report: 01/24/1995

2. Principal Place of Business (21-23): Suite, Apt. #, etc., City & State, Zip, Country
2a. Mailing Address (26-30): Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 65-0293679
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HACKER, ALICE L.	
STREET ADDRESS	528 W VENICE AVE., APT. 4	
CITY - ST - ZIP	VENICE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BURCHERT, RUTH	
STREET ADDRESS	528 W. VENICE AVE., APT 2	
CITY - ST - ZIP	VENICE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JUMGERMANN, HELEN A.	
STREET ADDRESS	628 W VENICE AVE., APT. 1	
CITY - ST - ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEMET, ROY R.	
STREET ADDRESS	528 W. VENICE AVE. #3	
CITY - ST - ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 119.07(3)(k), 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* 1-23-96 941-488-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Ruth Burchert
Date: 1/23/96 Daytime Phone #

CR2E037 (12/95)