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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(9)

CASA VENEZIA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 528 W. VENICE AVE #2 528 W. VENICE AVE.#2													
528 W. VENICE AVE #2 VENICE FL 34285 US			APT. 4	APT. 4 Venice FL 34285				3. Date Incorporated or 0 04/16/1991	Qualified	3a. [Date of Last I 01/24/19		
2. Principal Pla	ice of Busines	5	2a. Maili	ng Address					4. FEI Number		<u> </u>		Applied Far
21	ioo or pasirios		26	ng / ind					65-0293679			}	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required						
City & State			City	& State					Election Campaign Fir Trust Fund Contribution	•			May Be
Zip		Country			T Co	untry			8. This corporation has li		tanoible		
4	2	¬ '	29		30	G. I y			Florida Statutes		Yes [155.552,
<u> </u>		nd Address of Curren		Agent	1001	Τ			10. Name and Address	of New Re	gistere	d Agent	
						81	Nam	e					
MACRIS,	STEVEN W	1.				82	Stre	et Addre	ess (P.O. Box Number is Not	Acceptable	2)		
609 TAMIAMI TRAIL						83							
VENICE	FL 34285					03							
						84	City				F	85 Zip	Code
	,	. Ine obligations of, Sect	600 617.U5U3	, Florida Statute	es.				d of directors. I hereby accep				
CICNIATURE		printed name of registered agent OFFICERS ANI	t and title if applicat	ole (N		ad Agen			I when reinstating: ADDITIONS/CHANGE		DATE		
SIGNATURE _		printed name of registered agent	t and title if applicat	ole (N	NO?E Registere	ad Agen			I when reinstating)		DATE		DRS IN 12
SIGNATURE _	Signature typed or PD HACKER	printed name of registered agent OFFICERS AN	t and title if applicat	oke (A S	NO?E Registere 13	ad Agen			I when reinstating)		DATE	ND DIRECTO	DRS IN 12
SIGNATURE _ 12. TITLE	PD HACKER 528 W V	printed name of registered agent OFFICERS ANI , ALICE L. ENICE AVE., APT. 4	t and title if applicat	oke (A S	NO?E Registere 13 1.1	ed Agen i. TITLE NAME		re required	I when reinstating)		DATE	ND DIRECTO	DRS IN 12
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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.

| GNATURE: Ruth Burchert Watt Burchert Officer Process
| Part | Pa