

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42983

1. Entity Name

CASA VENEZIA CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90016 038 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 528 W. VENICE AVE #2 VENICE FL 34285 US	Mailing Address 528 W. VENICE AVE.#2 APT. 4 VENICE FL 34285-2000 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0293679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACRIS, STEVEN W.
609 TAMIAMI TRAIL
VENICE FL 34285

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.

SIGNATURE _____ (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
Department of State**

10. 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	

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: *Roy R. Klemet* **ROY R. KLEMET** 2/7/2000 941-485-1678
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)