

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

UBR3511

02-24-2002 90052 018 ****61.25

DOCUMENT # N42983

1. Entity Name

CASA VENEZIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**528 W. VENICE AVE #2
 VENICE, FL 34285
 US**

**528 W. VENICE AVE.#2
 APT. 4
 VENICE FL 34285
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

City & State

4. FEI Number

65-0293679

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACRIS, STEVEN W.
 609 TAMiami TRAIL
 VENICE FL 34285**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD HACKER, ALICE L.**
 STREET ADDRESS **528 W VENICE AVE., APT. 4**
 CITY-ST-ZIP **VENICE FL**

TITLE Change Addition

TITLE Delete
 NAME **SD BURCHERT, RUTH**
 STREET ADDRESS **528 W. VENICE AVE., APT 2**
 CITY-ST-ZIP **VENICE FL**

TITLE Change Addition

TITLE Delete
 NAME **TD JUMGERMANN, HELEN A.**
 STREET ADDRESS **628 W VENICE AVE., APT. 1**
 CITY-ST-ZIP **VENICE FL**

TITLE Change Addition

TITLE Delete
 NAME **D- KLEMET, ROY R.**
 STREET ADDRESS **528 W. VENICE AVE. #3**
 CITY-ST-ZIP **VENICE FL**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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 title empowered.

CR2E037 (9/01)