


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N42983**  
 1. Entity 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**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0293679** Applied For  
 Not Applicable

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

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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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HACKER, ALICE L.
STREET ADDRESS	528 W VENICE AVE., APT. 4
CITY-ST-ZIP	VENICE, FL
TITLE	SD
NAME	BURCHERT, RUTH
STREET ADDRESS	528 W. VENICE AVE., APT 2
CITY-ST-ZIP	VENICE, FL
TITLE	TD
NAME	JUMGERMANN, HELEN A.
STREET ADDRESS	628 W VENICE AVE., APT. 1
CITY-ST-ZIP	VENICE, FL
TITLE	D
NAME	KLEMET, ROY R.
STREET ADDRESS	528 W. VENICE AVE. #3
CITY-ST-ZIP	VENICE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000002902  
 01/13/04-80033-012 61.25

**DO NOT WRITE IN THIS SPACE**

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* 1/8/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #