


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N42983 1. Entity Name CASA VENEZIA CONDOMINIUM ASSOCIATION, INC.	
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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
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07052006 No Chg-NP CR2E037 (4/06)	
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	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MACRIS, STEVEN W.
609 TAMIAMI TRAIL
VENICE, FL 34285

DO NOT WRITE
IN THIS SPACE

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: *Roy R. Klemet* (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25
Due by September 6, 2006

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

U00000569427
07/11/06-80025-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	TIMMONS, MARK
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	PD
NAME	TIMMONS, JACKI
STREET ADDRESS	528 W. VENICE AVE #4
CITY-ST-ZIP	VENICE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____