

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N97000001566 (5)**

1. Corporation Name

**VENICE EQUITY GROUP, INC.**

Principal Place of Business

Mailing Address

**403 FIELDSTONE DRIVE  
VENICE FL 34292**

**P.O. BOX 783  
VENICE FL 34284**



3. Date Incorporated or Qualified

**03/19/1997**

4. FEI Number

**65-0744326**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip Country

**28**  
Zip Country

**24**

**25**

**29**

**30**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE  
SUITE 500-EAST TOWER  
WEST PALM BEACH FL 33401**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relating.)

DATE

12. **ORIGINAL** OFFICERS AND DIRECTORS

13. **ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE **DIRECTOR** ☐ DELETE  
NAME **GERRY GASPARY**  
STREET ADDRESS **404 LANSBROOK DRIVE**  
CITY-ST-ZIP **VENICE FL 34292**

1.1 TITLE **DIRECTOR - SEC.** ☐ Change ☐ Addition  
1.2 NAME **WILLIAM SUTHERLAND**  
1.3 STREET ADDRESS **512 SUMMERFIELD WAY**  
1.4 CITY-ST-ZIP **VENICE FL 34292**

TITLE **DIRECTOR** ☐ DELETE  
NAME **ANGELA GIARDINO**  
STREET ADDRESS **141 WAYFOREST DR.**  
CITY-ST-ZIP **VENICE FL 34292**

2.1 TITLE **DIRECTOR - ASST TR.** ☐ Change ☐ Addition  
2.2 NAME **SAM TILL**  
2.3 STREET ADDRESS **299 V&CC BLVD**  
2.4 CITY-ST-ZIP **VENICE FL 34292**

TITLE **DIRECTOR - V.P.** ☐ DELETE  
NAME **JAY GIBNEY**  
STREET ADDRESS **273 ROYAL OAK WAY**  
CITY-ST-ZIP **VENICE FL 34292**

3.1 TITLE **DIRECTOR - PRES** ☐ Change ☐ Addition  
3.2 NAME **TOM WRIGHT**  
3.3 STREET ADDRESS **292 V&CC BLVD**  
3.4 CITY-ST-ZIP **VENICE FL 34292**

TITLE **DIRECTOR** ☐ DELETE  
NAME **JACK HANSELL**  
STREET ADDRESS **143 WAYFOREST DR.**  
CITY-ST-ZIP **VENICE FL 34292**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME ☐ Change ☐ Addition  
4.3 STREET ADDRESS ☐ Change ☐ Addition  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DIRECTOR - TREAS** ☐ DELETE  
NAME **MARY HOPPER**  
STREET ADDRESS **405 HUNTRIDGE DR.**  
CITY-ST-ZIP **VENICE FL 34292**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME ☐ Change ☐ Addition  
5.3 STREET ADDRESS ☐ Change ☐ Addition  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DIRECTOR** ☐ DELETE  
NAME **CHARLES SANGIUVANNI**  
STREET ADDRESS **417 LANSBROOK DRIVE**  
CITY-ST-ZIP **VENICE FL 34292**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME ☐ Change ☐ Addition  
6.3 STREET ADDRESS ☐ Change ☐ Addition  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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.

SIGNATURE: **William R. Sutherland, Secretary** 4-2-98 941-492-9828

CR2E037 (10/97)