

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

Amended

FILED

04 JUL 28 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072004 Chg-NP CR2E037 (10/03)

DOCUMENT # N98000004171			
1. Entity Name VENETIA NEIGHBORHOOD ASSOCIATION NUMBER ONE, INC.			
Principal Place of Business 7000 SOUTH TAMiami TRAIL VENICE, FL 34293		Mailing Address 7000 SOUTH TAMiami TRAIL VENICE, FL 34293	
2. Principal Place of Business 4871 VIA SAN TOMASO		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Venice, FL		City & State	
Zip 34293		Country FLORIDA	
4. FEI Number 65-0906374		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOONE, STEPHEN K ESQUIRE 1001 AVENIDA DEL CIRCO VENICE, FL 34285		7. Name and Address of New Registered Agent Name: George Sperry Street Address (P.O. Box Number is Not Acceptable): 4871 VIA SAN TOMASO City: Venice FL Zip Code: 34293	
--	--	--	--

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: *[Signature]* DATE: 7-25-04
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
-----------------------	--	-----------------------------	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: THOMAS, STANLEY E STREET ADDRESS: 45 ANSLEY DR. CITY-ST-ZIP: NEWNAN, GA 30263 <input checked="" type="checkbox"/> Delete		TITLE: PD NAME: George Sperry STREET ADDRESS: 4871 VIA SAN TOMASO CITY-ST-ZIP: Venice, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: WILLIAMS, BRUCE STREET ADDRESS: 21 N MAIN ST STE 201 CITY-ST-ZIP: ALPHARETTA, GA 30004 <input checked="" type="checkbox"/> Delete		TITLE: VD NAME: Kevin O'shea STREET ADDRESS: 4306 Corso Venetia Blvd. CITY-ST-ZIP: Venice, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: STD NAME: ECHOLS, LILA STREET ADDRESS: 45 ANSLEY DR. CITY-ST-ZIP: NEWNAN, GA 30263 <input checked="" type="checkbox"/> Delete		TITLE: SD NAME: N. Perry Cook STREET ADDRESS: 5048 Bella Terra Dr. CITY-ST-ZIP: Venice, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 300040012093 08/09/04--01064--003 **70.00	
TITLE: <input type="checkbox"/> Delete		TITLE: TD NAME: MARY ANN DeBellis STREET ADDRESS: 4220 Corso Venetia Blvd. CITY-ST-ZIP: Venice, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: ATO NAME: NORMAN S. HOTZ STREET ADDRESS: 4418 SINTINA CT. CITY-ST-ZIP: VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 like empowered.

SIGNATURE: *[Signature]* DATE: 7-25-04 DAYTIME PHONE #: 941-408-7369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR