


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90203 008 \*\*\*\*61.25

**DOCUMENT # N98000004171**

1. Entity Name  
**VENETIA NEIGHBORHOOD ASSOCIATION NUMBER ONE, INC.**



Principal Place of Business  
**4871 VIA SAN TOMASO  
 VENICE, FL 34293**

Mailing Address  
**4871 VIA SAN TOMASO  
 VENICE, FL 34293**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01132005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0906374** Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent

~~SPERRY, GEORGE~~  
~~4871 VIA SAN TOMASO~~  
~~VENICE, FL 34293~~

7. Name and Address of New Registered Agent

Name Richard Ulrich  
 Street Address (P.O. Box Number is Not Acceptable)  
2940 S. TAMiami TRAIL  
 City SARASOTA FL Zip Code 34239

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] **Richard Ulrich** DATE 4-27-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPERRY, GEORGE 4871 VIA SAN TOMASO VENICE, FL 34293 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'SHEA, KEVIN 4306 CORSO VENETIA BLVD. VENICE, FL 34293 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOK S, N. PERRY 5048 BELLA TERRA DRIVE VENICE, FL 34293 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEBELLIS, MARY ANN 4220 CORSO VENETIA BLVD. VENICE, FL 34293 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD HOTZ, NORMAN S 4418 SINTINA COURT VENICE, FL 34293 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Kroll, Lynn</u> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sheffer, Bill</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>4286 Via Del VilleHi</u> <u>Venice, Fl 34293</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Kroll, Lynn</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>4406 Via Del VilleHi</u> <u>Venice, Fl 34293</u>

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] **George V. Sperry** DATE 4-20-05 DAYTIME PHONE # 941-408-7369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #