


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90175 031 ****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

3. Mailing Address

Suite, Apt. # **LIGHTHOUSE MANAGEMENT & REALTY**

Suite, Apt. # **LIGHTHOUSE MANAGEMENT & REALTY**

City & State **16 CHURCH ST. OSPREY, FL 34229**

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Zip **34229** Country **US**

Zip **34229** Country **US**

4000400



03012006 Chg-NP CR2E037 (11/05)

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

ULRICH, RICHARD
2940 S. TAMiami TR
SARASOTA, FL 34239

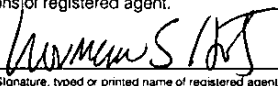
7. Name and Address of New Registered Agent

Name **NORMAN HOTZ**

Street Address (P.O. Box Number is Not Acceptable)
LIGHTHOUSE MANAGEMENT & REALTY
16 CHURCH ST.

City **OSPREY, FL 34229** FL Zip Code **34229**

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  **NORMAN S. HOTZ - PRESIDENT** DATE **4/19/2006**

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, 2006

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

Make check payable to Florida Department of State

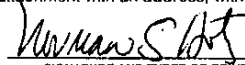
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPERRY, GEORGE 4871 VIA SAN TOMASO VENICE, FL 34293	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'SHEA, KEVIN 4306 CORSO VENETIA BLVD. VENICE, FL 34293	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEFFER, BILL 4286 VIA DEL VILLEHI VENICE, FL 34293	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KROLL, LYNN 4406 VIA DEL VELLEHI VENICE, FL 34293	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOTZ, NORMAN S 4418 SINTINA COURT VENICE, FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOYCE TRICARO PO BOX 277 VENICE, FL 34284	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JIM DIFAZIO 5011 BELLA TERRA DR VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARY JANE APICELLO 5035 BELLA TERRA DR VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD W. Lloyd Keith 16 Church St Osprey Fl. 34229	<input type="checkbox"/> Change <input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 as attachment with an address, with all other like empowered.

SIGNATURE:  **NORMAN S. HOTZ - PRESIDENT** DATE **4/19/2006** DAYTIME PHONE # **941-408-7923**

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