
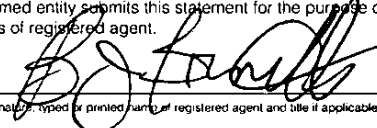
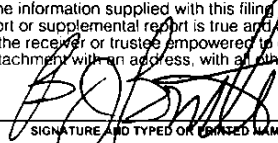


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90237 027 ****61.25

DOCUMENT # N98000004171			
1. Entity Name VENETIA NEIGHBORHOOD ASSOCIATION NUMBER ONE, INC.			
Principal Place of Business LIGHHOUSE MGMT & REALTY 16 CHURCH ST OSPREY, FL 34229		Mailing Address LIGHHOUSE MGMT & REALTY 16 CHURCH ST OSPREY, FL 34229	
2. Principal Place of Business No. P.O. Box # Lighthouse Property Mgmt 16 Church Street Osprey, FL 34229		3. Mailing Address Lighthouse Property Mgmt 16 Church Street Osprey, FL 34229	
01162007		Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0906374		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOTZ, NORMAN LIGHHOUSE MGMT & REALTY 16 CHURCH ST OSPREY, FL 34229		7. Name and Address of New Registered Agent Name BRUCE BRUNETTE Street Address (P.O. Box Number is Not Acceptable) 4402 VIA DEL VILLETTI 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  BRUCE BRUNETTE DATE 4-11-07 <small>Signature typed or printed with name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD TRICARO, JOYCE POB 277 VENICE, FL 34284 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Larry Ingle 5012 Bella Terra Venice, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIFAZIO, JIM 5011 BELLA TERRA DR VENICE, FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bruce Brunette 4402 Via Del Villetti Venice, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD APICELLO, MARY J 5035 BELLA TERRA DR VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member John Scolaro 4438 Sintina Court Venice, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD LLOYD, KEITH 16 CHURCH ST OSPREY, FL 34229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD President HOTZ, NORMAN S 4418 SINTINA COURT VENICE, FL 34293 <input type="checkbox"/> Delete	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"/> Delete	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 on an attachment with an address, with an other like empowered.			
SIGNATURE: 		Date 4-11-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

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