


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90047 001 ****61.25

DOCUMENT # N98000004171

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



Principal Place of Business
LIGHTHOUSE PROPERTY MANAGEMENT
16 CHURCH ST
OSPREY, FL 34229

Mailing Address
LIGHTHOUSE PROPERTY MANAGEMENT
16 CHURCH ST
OSPREY, FL 34229

40021500



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

01182008 Chg-NP CR2E037 (12/06)

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
BRUNETTE, BRUCE
LIGHTHOUSE PROPERTY MGMT
4402 VIA DEL VILLETTI
VENICE, FL 34293

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *2-6-08*

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

Filing Fee is \$61.25
Due by May 1, 2008

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	V	<input checked="" type="checkbox"/> Delete
NAME	INGLE, LARRY	
STREET ADDRESS	5018 BELLA TERRA	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURNETTE, BRUCE	
STREET ADDRESS	4402 VIA DEL VILLETTI	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	SD	<input type="checkbox"/> Delete
NAME	APICELLO, MARY J	
STREET ADDRESS	5035 BELLA TERRA DR	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	LLOYD, KEITH	
STREET ADDRESS	16 CHURCH ST	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOTZ, NORMAN S	
STREET ADDRESS	4418 SINTINA COURT	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	COB	<input type="checkbox"/> Delete
NAME	SCOLARO, JOHN	
STREET ADDRESS	4438 SINTERIA COURT	
CITY-ST-ZIP	VENICE, FL 34293	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Chmielak	
STREET ADDRESS	4382 Via del Villetti	
CITY-ST-ZIP	Venice, FL 34293	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or other like empowerment.

SIGNATURE: *Bruce Brunette* DATE: *2-6-08*

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