


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90074 026 ****61.25

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1. Entity Name
THE GRAND VENETIAN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**10 VENETIAN WAY
 MANAGEMENT OFFICE
 MIAMI BEACH, FL 33139 US**

Mailing Address
**10 VENETIAN WAY
 MANAGEMENT OFFICE
 MIAMI BEACH, FL 33139 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

01262006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1148668

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SKRLD, INC. ---
 201 ALHAMBRA CIRCLE
 SUITE 1102
 CORAL GABLES, FL 33134**

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 _____ DATE **01/26/06**

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 HARK, KEITH <input checked="" type="checkbox"/> Delete 10 VENETIAN WAY, UNIT #2305 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MONROE, REBECCA <input checked="" type="checkbox"/> Delete 10 VENETIAN WAY, UNIT PH-2 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MORIS, ALBERTO <input checked="" type="checkbox"/> Delete 10 VENETIAN WAY, UNIT# 1105 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS BEYER, GLENN <input checked="" type="checkbox"/> Delete 10 VENETIAN WAY, UNIT#2402 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD WISH, JONATHAN <input checked="" type="checkbox"/> Delete 10 VENETIAN WAY, PH-4 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCRT BEYER, GLENN <input checked="" type="checkbox"/> Delete 10 VENETIAN WAY, UNIT# 2402 MIAMI BEACH, FL 33139

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, GAIL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10 VENETIAN WAY, UNIT # 2404 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SHARITS, DEAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10 VENETIAN WAY, UNIT# 2002 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD LABUS, JOHN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10 VENETIAN WAY, UNIT # 306 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCRT VOLLMER, MARK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10 VENETIAN WAY, UNIT# 1904 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS MORIS, ALBERTO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10 VENETIAN WAY, UNIT# 1105 MIAMI BEACH, FL 33139
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 all other titles empowered.

SIGNATURE: _____ DATE **01/26/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR