

**2008 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**


**FILED**

08 APR 17 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N99000004661**

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



Principal Place of Business <b>10 VENETIAN WAY MANAGEMENT OFFICE MIAMI BEACH, FL 33139 US</b>	Mailing Address <b>10 VENETIAN WAY MANAGEMENT OFFICE MIAMI BEACH, FL 33139 US</b>
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03202008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>65-1148668</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_

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

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, GAIL 10 VENETIAN WAY, UNIT #2404 MIAMI BEACH, FL 33139	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD FRANK, HERBERT 10 VENETIAN WAY UNIT #2201 MIAMI BEACH, FL 33139	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOKAR, JASON 10 VENETIAN WAY UNIT #406 MIAMI BEACH, FL 33139	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD HARK, KEITH 10 VENETIAN WAY #2305 MIAMI BEACH, FL 33139	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCRT FINDLER, RICHARD 10 VENETIAN WAY PHO1 MIAMI BEACH, FL 33139	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD TOKAR, JASON 10 VENETIAN WAY, UNIT #406 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARK, KEITH 10 VENETIAN WAY, UNIT #2305 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 like information.

SIGNATURE: \_\_\_\_\_ DATE: **MARCH 24, 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RS