FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **706931** **(3)**

1. Corporation Name
VENETIAN PARK GARDENS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2115 N.E. 42ND COURT. #101 LIGHTHOUSE POINT. FL 33064	2115 N.E. 42ND COURT. #101 LIGHTHOUSE POINT FL 33064

3. Date Incorporated or Qualified: 03/05/1964
3a. Date of Last Report: 07/05/1994
4. FEI Number: 59-1083323 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~SAUVE, MRS MAXINE E.~~
~~2115 NE 42ND CT 101 NO.~~
~~LIGHTHOUSE PT. FL 33064~~

10. Name and Address of New Registered Agent

81 Name: CHARLES STROBER
82 Street Address (P.O. Box Number is Not Acceptable): 2121 NE 42nd CT - APT 203C
83
84 City: LIGHTHOUSE PT FL 85 Zip Code: 33064

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Charles Strober — 6-29-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE		☐ Change ☐ Addition
NAME	SAUVE, MAXINE	1.2 NAME		
STREET ADDRESS	2115 NE 42ND CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	VP. & TREAS.	☑ Change ☐ Addition
NAME	~~KERNEY, RUTH~~	2.2 NAME	RITA OBRIAN	
STREET ADDRESS	~~2111 NE 42ND CT.~~	2.3 STREET ADDRESS	2111 NE 42CT APT 110C	
CITY-ST-ZIP	~~LIGHTHOUSE PT, FL 00000~~	2.4 CITY-ST-ZIP	LIGHTHOUSE PT, FL 33064	
TITLE	V	3.1 TITLE	D	☑ Change ☐ Addition
NAME	~~SPIEGS, MARCIE~~	3.2 NAME	STEVE PIETRAS	
STREET ADDRESS	~~2111 NE 42ND CT.~~	3.3 STREET ADDRESS	2131 NE 42 CT - APT 212 E	
CITY-ST-ZIP	~~LIGHTHOUSE PT. FL~~	3.4 CITY-ST-ZIP	LIGHTHOUSE PT, FL 33064	
TITLE	SD	4.1 TITLE	D	☐ Change ☑ Addition
NAME	STROBER, JOYCE	4.2 NAME	ANTHONY SIRIANNI	
STREET ADDRESS	2121 NE 42ND CT.	4.3 STREET ADDRESS	2118 NE 42CT - APT 105 W	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	4.4 CITY-ST-ZIP	LIGHTHOUSE PT, FL 33064	
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	STROBER, CHARLES	5.2 NAME		
STREET ADDRESS	2121 NE 42ND CT.	5.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BLASS, EDWARD	6.2 NAME		
STREET ADDRESS	2131 NE 42ND CT.	6.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT. FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X Charles Strober — 6-29-95 — 305-785-1704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CHARLES STROBER — Date — Daytime Phone #

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