FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 2-2896 B 16844 C

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

DOCUMENT # 767174 (6)

1. Corporation Name

VENETIAN VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

% M.J. GALLOP ACCOUNTING
235 N.E. 6TH AVE.
DELRAY BCH FL 33483

Mailing Address

% M.J. GALLOP ACCOUNTING
235 N.E. 6TH AVE.
DELRAY BCH FL 33483

2. Principal Place of Business
21
State, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
State, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 02/25/1983

3a. Date of Last Report: 03/31/1995

4. FEI Number: 59-2128439 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GALLUP, M.J.
235 N.E. 6TH AVENUE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE (Required - Typed or printed name of person signing) (NOTE: Registered Agent signature required if registered agent is changed.) DATE

12 OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TYP	D ☐ DELETE	11 TITLE	D	☐ Change ☐ Addition
NAME	HAYTER, W.	12 NAME	Hayter, W.	
STREET ADDRESS	75 VENETIAN DR.	13 STREET ADDRESS	75 Venetian Dr.	
CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP	Delray Beach, Fl.	
TYP	PSD ☐ DELETE	21 TITLE	PSD	☐ Change ☐ Addition
NAME	R.D. CUMMINGS	22 NAME	R. D. Cummings	
STREET ADDRESS	75 VENETIAN DR.	23 STREET ADDRESS	75 Venetian Dr.	
CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP	Delray Beach, Fl.	
TYP	TD ☐ DELETE	31 TITLE	TD	☐ Change ☐ Addition
NAME	VINCENT CAMPANA	32 NAME	Vincent Campana	
STREET ADDRESS	75 VENETIAN DRIVE	33 STREET ADDRESS	75 Venetian Drive	
CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP	Delray Beach, Fl.	
TYP	VPD ☐ DELETE	41 TITLE	D	☐ Change ☐ Addition
NAME	JOSEPH REGAN	42 NAME	Joseph Guarante	
STREET ADDRESS	75 VENETIAN DRIVE	43 STREET ADDRESS	75 Venetian Drive	
CITY ST ZIP	DELRAY BEACH FL	44 CITY ST ZIP	Delray Beach, Fl.	
TYP	D ☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	JOSEPH GUARANTE	52 NAME		
STREET ADDRESS	75 VENETIAN DRIVE	53 STREET ADDRESS		
CITY ST ZIP	DELRAY BEACH FL	54 CITY ST ZIP		
TYP	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E037 (12/95)

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)(k), 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: ✓ [signature] 2/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 508 658 2616 Daytime Phone #