

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **706931** (3)

1. Corporation Name

VENETIAN PARK GARDENS ASSOCIATION, INC.

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**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

03/05/1964

3a. Date of Last Report

07/13/1995

4. FBI Number

59-1083323

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

10. Name and Address of New Registered Agent

**STROBER, CHARLES
2121 NE 42ND CT
APT 203-C
LIGHTHOUSE POINT FL 33064**

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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **T** ☐ DELETE
NAME **SAUVE, MAXINE**
STREET ADDRESS **2115 NE 42ND CT**
CITY-ST-ZIP **LIGHTHOUSE PT. FL 00000**

TITLE **VPT** ☐ DELETE
NAME **O'BRIEN, RITA TONY SIAIRNA**
STREET ADDRESS **2111 NE 42ND CT APT 110-C**
CITY-ST-ZIP **LIGHTHOUSE PT. FL 00000**

TITLE **D** ☐ DELETE
NAME **PIETRAS, STEVE**
STREET ADDRESS **2131 NE 42ND CT AOPT 212-E**
CITY-ST-ZIP **LIGHTHOUSE PT. FL**

TITLE **SD** ☐ DELETE
NAME **STROBER, JOYCE**
STREET ADDRESS **2121 NE 42ND CT.**
CITY-ST-ZIP **LIGHTHOUSE PT. FL 00000**

TITLE **PD** ☐ DELETE
NAME **STROBER, CHARLES**
STREET ADDRESS **2121 NE 42ND CT.**
CITY-ST-ZIP **LIGHTHOUSE PT FL**

TITLE **D** ☐ DELETE
NAME **BLASS, EDWARD KAYE PEGE**
STREET ADDRESS **2131 NE 42ND CT. SIDING 42ND CT.**
CITY-ST-ZIP **LIGHTHOUSE PT. FL Lighthouse Pt FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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: *Maxine E. Sauve* **MAXINE E. SAUVE**

4-30-96 **(305)**
781-8003

CR2E037 (12/95)