

FILE NOW: FILING FEE IS \$61.25

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90036 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 706931					
1. Corporation Name VENETIAN PARK GARDENS ASSOCIATION, INC.					
Principal Place of Business 2121 NE 42ND COURT 100 LIGHTHOUSE POINT FL 33064-304 US			Mailing Address 2121 NE 42ND COURT 100 LIGHTHOUSE POINT FL 33064-304 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3170 N Federal Hwy		26 Same		03/05/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 116		27		59-1083323	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Lighthouse Point		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 FL 25 USA		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STROBER, CAHRLS 2121 NE 42ND CT APT 203-C LIGHTHOUSE POINT FL 33064				81 Name Robert H. Smith			
				82 Street Address (P.O. Box Number is Not Acceptable) 3170 N Federal Hwy			
				83 Suite 116			
				84 City Lighthouse Point FL 85 Zip Code 33064			

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 Robert H. Smith DATE 3/24/99

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☒ DELETE		1.1 TITLE	D	☐ Change ☒ Addition	
NAME	ANKERS, JOHN			1.2 NAME	Murphy, Gloria		
STREET ADDRESS	2115 NE 42ND CT, #104			1.3 STREET ADDRESS	2111 NE 42 ct. #207 W		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			1.4 CITY-ST-ZIP	Lighthouse Point, FL 33064		
TITLE	TD	☒ DELETE		2.1 TITLE	DYP	☐ Change ☒ Addition	
NAME	CURTIS, EUGENE			2.2 NAME	O'Brian, Rita		
STREET ADDRESS	2121 NE 42ND CT, #106			2.3 STREET ADDRESS	2121 NE 42 ct. #110c		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			2.4 CITY-ST-ZIP	Lighthouse Point, FL 33064		
TITLE	D	☒ DELETE		3.1 TITLE	PO	☐ Change ☒ Addition	
NAME	FANION, MELVIN			3.2 NAME	Maggio, Marion		
STREET ADDRESS	2121 NE 42ND CT, #208			3.3 STREET ADDRESS	2131 NE 42 ct. #102 E		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			3.4 CITY-ST-ZIP	Lighthouse Point, FL 33064		
TITLE	SD	☐ DELETE		4.1 TITLE	SD	☐ Change ☒ Addition	
NAME	MOORE, ALBERT			4.2 NAME	Lewis, Thomas		
STREET ADDRESS	2131 NE 42ND CT, #106			4.3 STREET ADDRESS	2111 NE 42 ct. #203 W		
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000 33064			4.4 CITY-ST-ZIP	Lighthouse Point, FL 33064		
TITLE	D	☒ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME	PIETRAS, STEPHEN			5.2 NAME			
STREET ADDRESS	2131 NE 42ND CT #212			5.3 STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064			5.4 CITY-ST-ZIP			
TITLE	PD	☒ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME	SIRIANNI, ANTHONY			6.2 NAME			
STREET ADDRESS	2111 NE 42ND CT, #105			6.3 STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Marion Maggio SIGNATURE REQUIRED: President 3-24-99 954 941-7671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #