

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 706931**

1. Entity Name

**VENETIAN PARK GARDENS ASSOCIATION, INC.**

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90037 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**3170 N. FEDERAL HWY  
STE 116  
LIGHTHOUSE POINT FL 33064-304  
US**

**2121 NE 42ND COURT  
100  
LIGHTHOUSE POINT FL 33064-9032  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1083323**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, ROBERT H  
3170 N. FEDERAL HWY  
STE 116  
LIGHTHOUSE POINT FL 33064**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MURPHY, GLORIA</b>	
STREET ADDRESS	<b>2111 NE 42 CT #207 W</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	
TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>O'BRIAN, RITA</b>	
STREET ADDRESS	<b>2121 NE 42 CT #110 C</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAGGIO, MARION</b>	
STREET ADDRESS	<b>2131 NE 42 CT #102 E</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOORE, ALBERT</b>	
STREET ADDRESS	<b>2131 NE 42ND CT, #106</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE PT, FL 00000 33064</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEWIS, THOMAS</b>	
STREET ADDRESS	<b>2111 NE 42 CT #203 W</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE PT FL 33064</b>	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thomas Lewis</b>	
STREET ADDRESS	<b>2111 NE 42nd Ct., Unit 203W</b>	
CITY-ST-ZIP	<b>Lighthouse Point, FL 33064</b>	
TITLE	<b>V/T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Charles Strober</b>	
STREET ADDRESS	<b>2121 NE 42nd Ct., Unit 203C</b>	
CITY-ST-ZIP	<b>Lighthouse Point, FL 33064</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Daubner</b>	
STREET ADDRESS	<b>2111 NE 42nd Ct., Unit 206W</b>	
CITY-ST-ZIP	<b>Lighthouse Point, FL 33064</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Constantine O'Kinczyc</b>	
STREET ADDRESS	<b>2121 NE 42nd Ct., Unit 104C</b>	
CITY-ST-ZIP	<b>Lighthouse Point, FL 33064</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sam Kazazian</b>	
STREET ADDRESS	<b>2131 NE 42nd Ct., Unit 206E</b>	
CITY-ST-ZIP	<b>Lighthouse Point, FL 33064</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/29/00** **954-941-7671**

CR2E037 (9/99)