

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90064 016 \*\*\*\*61.25

**DOCUMENT # 715942**

1. Entity Name

VENETIAN CONDOMINIUM, INC.



Principal Place of Business

ONE LAS OLAS CIRCLE  
FORT LAUDERDALE FL 33316

Mailing Address

ONE LAS OLAS CIRCLE  
FORT LAUDERDALE FL 33316  
US

94053935



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1303036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CROSS, THERESA  
1 LAS OLAS CIR  
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE S ☒ Delete  
NAME SADAR, KENNETH  
STREET ADDRESS 1 LAS OLAS CIRCLE  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE D ☒ Delete  
NAME SADAR, KENNETH  
STREET ADDRESS ONE LAS OLAS CIRCLE  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE P ☒ Delete  
NAME BRINK, ORVILLE  
STREET ADDRESS ONE LAS OLAS CIR.  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE VP ☐ Delete  
NAME FIDLOW, HERBERT  
STREET ADDRESS ONE LAS OLAS CIRCLE  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE D ☒ Delete  
NAME EPSTEIN, MURRAY  
STREET ADDRESS ONE LAS OLAS CIRCLE  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE D ☐ Delete  
NAME CERNICK, R. F.  
STREET ADDRESS ONE LAS OLAS CIRCLE  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition  
NAME Sadowski, Paul  
STREET ADDRESS 1 Las Olas Circle  
CITY-ST-ZIP Ft. Lauderdale FL 33316

TITLE K ☐ Change ☒ Addition  
NAME Kurlander, Craig  
STREET ADDRESS 1 Las Olas Circle  
CITY-ST-ZIP Ft. Lauderdale FL 33316

TITLE S ☐ Change ☒ Addition  
NAME Smith, Shirley  
STREET ADDRESS 1 Las Olas Circle  
CITY-ST-ZIP Ft. Lauderdale FL 33316

TITLE D ☐ Change ☒ Addition  
NAME CORDELL, PHILIP  
STREET ADDRESS 1 Las Olas Circle  
CITY-ST-ZIP Ft. Lauderdale FL 33316

TITLE D ☐ Change ☒ Addition  
NAME Bennett, Tracy  
STREET ADDRESS 1 Las Olas Circle  
CITY-ST-ZIP Ft. Lauderdale FL 33316

TITLE D ☐ Change ☒ Addition  
NAME Lair, Art  
STREET ADDRESS 1 Las Olas Circle  
CITY-ST-ZIP Ft. Lauderdale FL 33316

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:

*Theresa Cross Agent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*continue next page ->*  
*4-14-04 954-463-0071*

attachment

D  
BECKETT WILLIAM  
1 LAS OLAS CIRCLE  
FT LAUDERDALE, FL 33316

#715942