
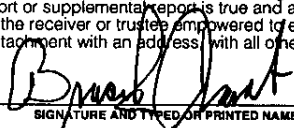


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90010 009 ****61.25

DOCUMENT # 706931 1. Entity Name VENETIAN PARK GARDENS ASSOCIATION, INC.					
Principal Place of Business 3170 N. FEDERAL HWY SUITE 100 LIGHTHOUSE POINT, FL 33064 US			Mailing Address 2121 NE 42ND COURT 100 LIGHTHOUSE POINT, FL 33064-304 US		
2. Principal Place of Business Suite, Apt. #, etc. 1215 E HILLSBORO BLVD City & State DEERFIELD BCH, FL Zip 33441 Country BROWARD			3. Mailing Address Suite, Apt. #, etc. 1215 E HILLSBORO BLVD City & State DEERFIELD BCH, FL Zip 33441 Country BROWARD		
4. FEI Number 59-1083323			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CAMPBELL PROP MGMT 1215 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUCE, CRAMB 2121 NE 42 CT 203 C LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRUID, TOM 2111 NE E 42 CT #203 W LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-T GLORIA, CUIZIO 2111 NE 42 CT 202-W LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONOGHUE, DOROTHY 2175 NE 42 CT 106-N LIGHTHOUSE PT, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARIORS, TYRONE 2111 NE 42ND CT 101 W POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D'KINCZY, EUGENE 2121 NE 42ND CT #104 LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLANDS, FRANK 2115 NE 42ND CT. #203 LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 # _____					