


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90042 036 \*\*\*\*61.25

<b>DOCUMENT # 706931</b> 1. Entity Name <b>VENETIAN PARK GARDENS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1215 E HILLSBORO BLVD DEERFIELD BEACH FL 33441 US</b>			Mailing Address <b>1215 E HILLSBORO BLVD DEERFIELD BEACH FL 33441 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
4. FEI Number <b>59-1083323</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAMPBELL PROP MGMT 1215 E HILLSBORO BLVD DEERFIELD BEACH FL 33441</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUCE, CRAMB <input type="checkbox"/> Delete 2121 NE 42 CT 203 C LIGHTHOUSE POINT FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, TOM <input checked="" type="checkbox"/> Delete 2111 NE E 42 CT #203 W LIGHTHOUSE POINT FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUDOLPH PONGRATZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2121 NE 42 CT #212 LIGHTHOUSE POINT, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLORIA, CUIZIO <input checked="" type="checkbox"/> Delete 2111 NE 42 CT 202-W LIGHTHOUSE POINT FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONOGHUE, DOROTHY <input type="checkbox"/> Delete 2175 NE 42 CT 106-N LIGHTHOUSE PT FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'KINCZY, EUGENE <input type="checkbox"/> Delete 2121 NE 42ND CT #104 POMPANO BEACH FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLANDS, FRANK <input type="checkbox"/> Delete 2115 NE 42ND CT. #203 POMPANO BEACH FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <i>Bruce Cramb</i> <b>BRUCE CRAMB</b>			Date: <b>3-9-05</b>		

**50026915**



1st MOORE      CR2E037 (10/04)