


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 701849			
1. Entity Name YACHT CLUB APARTMENTS ASSOCIATION OF VENICE, INC.			
Principal Place of Business VENICE, INC. 1325 TARPON CENTER ROAD VENICE FL 34285		Mailing Address C/O STEWARTS 1224 RIDGEWOOD AVE VENICE FL 34285-6939	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-0936012		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 STEWARTS ATTN: SANDY MACINTYRE 1224 RIDGEWOOD AVE. VENICE FL 34292-1939		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DT HOLLAND, JOHN M 1325 TARPON CENTER #5 VENICE FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000692043 04/13/07-80035-024 61.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD LUCK, JAMES 609 CADIZ RD VENICE FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WOOD, NORMAN 1325 TARPON CENTER #3 VENICE FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD LEDWIDGE, ROSEMARY 1325 TARPON CENTER #14 VENICE FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD GODLEY, WILLIAM 1325 TARPON CENTER VENICE FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 exemptions contained in Section 119, 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: JOHN M. HOLLAND *John M. Holland* 3/30/07 (941)484-2408