



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90030 005 ****61.25

DOCUMENT # 706931 1. Entity Name VENETIAN PARK GARDENS ASSOCIATION, INC.					
Principal Place of Business 6047 KIMBERLY BLVD W NORTH LAUDERDALE, FL 33068 US			Mailing Address 6047 KIMBERLY BLVD W NORTH LAUDERDALE, FL 33068 US		
2. Principal Place of Business - No P.O. Box # 6047 Kimberly Blvd Suite, Apt. #, etc. Ste D City & State		3. Mailing Address 6047 Kimberly Blvd Suite, Apt. #, etc. Ste D City & State			
Zip 		Country		4. FEI Number 59-1083323	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DELTA MANAGEMENT SOLUTIONS 6047 KIMBERLY BLVD W N. LAUDERDALE, FL 33068			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6047 Kimberly Blvd. Ste. D 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 <i>Sharon A. Swieticki-Fay, Property Manager</i> SHARON A. SWIETICKI-FAY				DATE 3-24-08	
Filing Fee is \$61.25 Due by May 1, 2008		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 VP NAME SPADONE, TOM STREET ADDRESS 2121 NE 42 CT, 209C CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Cramb, Bruce STREET ADDRESS 2121 NE 42 CT, 203C CITY-ST-ZIP Lighthouse Point FL, 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PONGRATZ, RUDOLPH STREET ADDRESS 2121 NE 42 CT #212 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete		TITLE T NAME Quinn Bailey STREET ADDRESS 2121 NE 42 CT, 209 C CITY-ST-ZIP Lighthouse Point FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME TRICE, DEANNA STREET ADDRESS 2111 NE 42 CT., 106 W CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete		TITLE D NAME Francisco J. Guerra STREET ADDRESS 2131 NE 42 CT, 109 E CITY-ST-ZIP Lighthouse Point, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME KNECHT, GARY STREET ADDRESS 2111 NE 42ND CT., 103 W CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MAGGIO, MARION STREET ADDRESS 2131 NE 42 CT 102E CITY-ST-ZIP LIGHTHOUSE PT., FL 33064	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 exemptions contained in Chapter 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: <i>Gary E. Knecht / Gary E. Knecht</i> GARY E. KNECHT				DATE 3-20-08	
DAYTIME PHONE # 954-785-0449					