
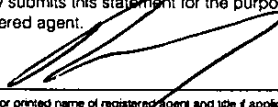
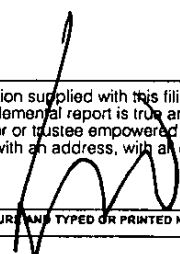


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90185 001 ****61.25

DOCUMENT # 757476 1. Entity Name VENETIAN ESTATES, INC.					
Principal Place of Business 4200 GULF SHORE BLVD., N. NAPLES, FL 34103 US			Mailing Address 4200 GULF SHORE BLVD., N. NAPLES, FL 34103 US		
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	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CATALANO, ANTHONY J. 4001 TAMiami TRAIL, N. SUITE 250 NAPLES, FL 34103				Name Robert C. Zundel, Jr.	
				Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North	
				Suite Suite 250	
				City Naples	
				State FL	
				Zip Code 34103	
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 				Robert C. Zundel, Jr.	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 4/30/2008	
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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUTGERT, RAYMOND L		NAME		
STREET ADDRESS	4200 GULF SHORE BLVD N		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUTGERT, SCOTT F		NAME		
STREET ADDRESS	4200 GULF SHORE BLVD N		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, RICHARD J		NAME		
STREET ADDRESS	4200 GULF SHORE BLVD N		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			Scott F. Lutgert		
Signature, typed or printed name of signing officer or director			Date 4/30/2008		
			Daytime Phone # (239) 261-6100		