


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 #
 Suite, Apt. #, etc.
 City & State
 Zip Country

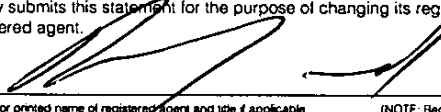
3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04172008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
CATALANO, ANTHONY J.
4001 TAMiami TRAIL N.
SUITE 250
NAPLES, FL 34103

7. Name and Address of New Registered Agent
 Name **Robert C. Zundel, Jr.**
 Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiami Trail North
Suite 250
 City **Naples** 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.** DATE **4/30/2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUTGERT, RAYMOND L	
STREET ADDRESS	4200 GULF SHORE BLVD N	
CITY - ST - ZIP	NAPLES, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LUTGERT, SCOTT F	
STREET ADDRESS	4200 GULF SHORE BLVD N	
CITY - ST - ZIP	NAPLES, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BAKER, RICHARD J	
STREET ADDRESS	4200 GULF SHORE BLVD N	
CITY - ST - ZIP	NAPLES, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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** DATE **4/30/2008** (239) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #