

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 706931

FILED
Oct 08, 2009
Secretary of State

Entity Name: VENETIAN PARK GARDENS ASSOCIATION, INC.

Current Principal Place of Business:

4330 WEST BROWARD BLVD
STE 1
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 122015
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 59-1083323 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TDSUNSHINE PROPERTY MANAGEMENT
4330 WEST BROWARD BLVD
STE 1
PLANTATION, FL 33317 US

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.

SIGNATURE: TDSUNSHINE PROPERTY MANAGEMENT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SOUSA, SUSAN
Address: 2111 N.E. 42ND CT 206 W
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: TD () Delete
Name: PONGRATZ, JIM
Address: 2121 NE 42 CT, 212 C
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: SD () Delete
Name: ADDARIO, ELISA
Address: 2121 NE 42ND CT 105C
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: PD () Delete
Name: CANZANESE, ROBERT
Address: 2131 NE 42ND CT 212E
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D () Delete
Name: RETI, JOHN
Address: 2115 NE 42ND CT 111N
City-St-Zip: LIGHTHOUSE PT., FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CANZANESE

PD

10/08/2009

Electronic Signature of Signing Officer or Director

Date