

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90724 016 ****61.25

DOCUMENT # 706931

1. Entity Name

VENETIAN PARK GARDENS ASSOCIATION, INC.



Principal Place of Business

**3170 N. FEDERAL HWY
SUITE 100
LIGHTHOUSE POINT FL 33064
US**

Mailing Address

**2121 NE 42ND COURT
100
LIGHTHOUSE POINT FL 33064-304
US**

11040033



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1083323**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAMPBELL PROP MGMT
1215 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Approved

Date

Check #

Fee

Blitz

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 for and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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** ☒ Delete
NAME **BRUCE, CRAMB**
STREET ADDRESS **2121 NE 42 CT 203 C**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **VD** ☒ Delete
NAME **ROGER, O'MARA**
STREET ADDRESS **2131 NE 42 CT 210 E**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Delete
NAME **GLORIA, CUIZIO**
STREET ADDRESS **2111 NE 42 CT 202-W**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Delete
NAME **DOROTHY, DONOGHUE**
STREET ADDRESS **2175 NE 42 CT 106-N**
CITY-ST-ZIP **LIGHTHOUSE PT FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition
NAME **Tom Brown**
STREET ADDRESS **2111 NE 42 CT #203W**
CITY-ST-ZIP **LHP FL 33064**

TITLE ☐ Change ☐ Addition
NAME **Gloria Cuizio**
STREET ADDRESS **2111 NE 42 CT 202W**
CITY-ST-ZIP **LHP FL 33064**

TITLE ☐ Change ☐ Addition
NAME **Dorothy Donoghue**
STREET ADDRESS **2175 NE 42 CT 106N**
CITY-ST-ZIP **LHP FL 33064**

TITLE ☐ Change ☐ Addition
NAME **Tom Brown**
STREET ADDRESS **2111 NE 42 CT 101W**
CITY-ST-ZIP **LHP FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Gloria Cuizio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Gloria Cuizio)

5/6/03 (954)
788-7277