

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706931

Entity Name: VENETIAN PARK GARDENS ASSOCIATION, INC.**Current Principal Place of Business:**2121 NE 42 COURT
LIGHTHOUSE POINT, FL 33064**Current Mailing Address:**C/O ASSOCIATION SPECIALTY GROUP, LLC
902 CLINT MOORE DRIVE SUITE #110
BOCA RATON, FL 33487 US**FEI Number:** 59-1083323**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAYE BENDER REMBAUM, P.L.
1200 PARK CENTRAL BLVD. SOUTH
POMPANO BEACH, FL 33064 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	ADAMS, HOLLY
Address	C/O ASSOCIATION SPECIALTY GROUP, LLC 902 CLINT MOORE DRIVE SUITE #110

City-State-Zip: BOCA RATON FL 33487

Title	TREASURER
Name	BOYLES, SARAH
Address	C/O ASSOCIATION SPECIALTY GROUP, LLC 902 CLINT MOORE DRIVE SUITE #110

City-State-Zip: BOCA RATON FL 33487

Title	DIRECTOR
Name	PONGRATZ, RUDOLF
Address	C/O ASSOCIATION SPECIALTY GROUP, LLC 902 CLINT MOORE DRIVE SUITE #110

City-State-Zip: BOCA RATON FL 33487

Title	VICE PRESIDENT
Name	HARTER, NANCY
Address	C/O ASSOCIATION SPECIALTY GROUP, LLC 902 CLINT MOORE DRIVE SUITE #110

City-State-Zip: BOCA RATON FL 33487

Title	SECRETARY
Name	CORSI, ALFRED
Address	C/O ASSOCIATION SPECIALTY GROUP, LLC 902 CLINT MOORE DRIVE SUITE #110

City-State-Zip: BOCA RATON FL 33487

I hereby 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 all other like empowered.

SIGNATURE: BOYLES , SARAH**TREASURER****03/27/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date