**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 21, 2014**
**Secretary of State**
**CC0832638743**

DOCUMENT# 729411

**Entity Name:** VENETIAN COVE CLUB, INC.

**Current Principal Place of Business:**

2675 S, HORSESHOE DR. #401
NAPLES, FL 34104

**Current Mailing Address:**

P.O. BOX 110339
NAPLES, FL 34108 US

**FEI Number: 59-1673835**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KUETER, BEVERLY
2675 S, HORSESHOE DR. #401
NAPLES, FL 34104 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 | DVP |
| Name | BARRETT, BETTY |
| Address | 3500 GULF SHORE BLVD N #510 |
| City-State-Zip: | NAPLES FL 34012 |

| | |
|---|---|
| Title | DT |
| Name | STROME, WILLIAM |
| Address | 3500 GULF SHORE BLVD N #310 |
| City-State-Zip: | NAPLES FL 34102 |

| | |
|---|---|
| Title | D |
| Name | REHRING, WILLIAM |
| Address | 3500 GULF SHORE BLVD N. #601 |
| City-State-Zip: | NAPLES FL 34102 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | LJOSNE, OLAV |
| Address | 3500 GULF SHORE BLVD N. #202 |
| City-State-Zip: | NAPLES FL 34103 |

| | |
|---|---|
| Title | DS |
| Name | FELLERS, ELIZABETH |
| Address | 3500 GULF SHORE BLVD N #304 |
| City-State-Zip: | NAPLES FL 34102 |

| | |
|---|---|
| Title | D |
| Name | WEINFELD, KEVIN |
| Address | 3500 GULF SHORE BLVD N #401 |
| City-State-Zip: | NAPLES FL 34102 |

| | |
|---|---|
| Title | DP |
| Name | LIFLAND, JOHN |
| Address | 3500 GULF SHORE BLVD. N. #208 |
| City-State-Zip: | NAPLES FL 34102 |

*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: JOHN LIFLAND PRESIDENT 04/21/2014

Electronic Signature of Signing Officer/Director Detail — Date