

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729411

Entity Name: VENETIAN COVE CLUB, INC.**Current Principal Place of Business:**

C/O SUNBURST MANAGEMENT CORP
2675 HORSESHOE DR S #401
NAPLES, FL 34104

Current Mailing Address:

C/O SUNBURST MANAGEMENT CORP
2675 HORSESHOE DR S #401
NAPLES, FL 34104 US

FEI Number: 59-1673835**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

SUNBURST MANAGEMENT CORPORATION
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: BEVERLY KUETER

04/25/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name VAUGHAN, DUANE
Address C/O SUNBURST MANAGEMENT CORP
2675 HORSESHOE DR S #401
City-State-Zip: NAPLES FL 34104

Title VP
Name MEEHAN, JOHN
Address C/O SUNBURST MANAGEMENT CORP
2675 HORSESHOE DR S #401
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name CARPENTER, ROSE
Address C/O SUNBURST MANAGEMENT CORP
2675 HORSESHOE DR S #401
City-State-Zip: NAPLES FL 34104

Title PRESIDENT
Name WILLIAMS, THOMAS
Address C/O SUNBURST MANAGEMENT CORP
2675 HORSESHOE DR S #401
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name GREIN, THOMAS
Address C/O SUNBURST MANAGEMENT CORP
2675 HORSESHOE DR S #401
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name NIE, WILLIAM
Address C/O SUNBURST MANAGEMENT CORP
2675 HORSESHOE DR S #401
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name WEINFELD, KEVIN
Address C/O SUNBURST MANAGEMENT CORP
2675 HORSESHOE DR S #401
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name BALVEN, TERRY
Address C/O SUNBURST MANAGEMENT CORP
2675 HORSESHOE DR S #401
City-State-Zip: NAPLES FL 34104

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: THOMAS WILLIAMS

PRESIDENT

04/25/2025

Electronic Signature of Signing Officer/Director Detail

Date