

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743598

**FILED
Jan 12, 2016
Secretary of State
CC9869128823**

Entity Name: TOWNHOUSES OF VENETIAN PARK HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

819 N.E. 27TH AVENUE
HALLANDALE, FL 33009

Current Mailing Address:

819 N.E. 27TH AVENUE
HALLANDALE, FL 33009

FEI Number: 59-1870934

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
1 E BROWARD BLVD STE 1800
FT LAUDERDALE, FL 33301 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: HOWARD J. PERL

01/12/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name KOLOTOVA, EKATERINA
Address 819 N.E. 27TH AVENUE
City-State-Zip: HALLANDALE FL 33009

Title VP
Name BERGER, ADAM
Address 819 NE 27TH AVENUE
City-State-Zip: HALLANDALE FL 33009

Title SEC
Name KOSOY, MIRNA
Address 819 N.E. 27TH AVENUE
City-State-Zip: HALLANDALE FL 33009

Title TREASURER
Name RAMOS, CAROL
Address 819 N.E. 27TH AVENUE
City-State-Zip: HALLANDALE FL 33009

Title D
Name DODEA, RADU
Address 819 N.E. 27TH AVENUE
City-State-Zip: HALLANDALE FL 33009

Title D
Name WOOLDRIDGE, MARSHA
Address 819 N.E. 27TH AVENUE
City-State-Zip: HALLANDALE FL 33009

Title D
Name FRIEDMAN, HARRIET
Address 819 N.E. 27TH AVENUE
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR
Name GUIMARAES, LUIS
Address 819 N.E. 27TH AVENUE
City-State-Zip: HALLANDALE FL 33009

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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: ADAM BERGER

VICE PRESIDENT

01/12/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ZILBER, VLADIMIR
Address 819 N.E. 27TH AVENUE
City-State-Zip: HALLANDALE FL 33009