

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743598

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:**PERL, HOWARD J.
1820 EAST HALLANDALE BEACH BLVD
HALLANDALE, FL 33009 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****02/11/2013**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---------------------|
| Title | PD |
| Name | RASKIN, STUART |
| Address | 819 NE 27TH AVENUE |
| City-State-Zip: | HALLANDALE FL 33009 |

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

| | |
|-----------------|---------------------|
| Title | SEC |
| Name | WYNNE, LESLIE |
| Address | 819 NE 27TH AVENUE |
| City-State-Zip: | HALLANDALE FL 33009 |

| | |
|-----------------|---------------------|
| Title | D |
| Name | PINEIRO, LYDIA |
| Address | 819 NE 27TH AVENUE |
| City-State-Zip: | HALLANDALE FL 33009 |

| | |
|-----------------|---------------------|
| Title | D |
| Name | POMERANTZ, MARC |
| Address | 819 NE 27TH AVENUE |
| City-State-Zip: | HALLANDALE FL 33009 |

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

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: STUART RASKIN**PRESIDENT****02/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date