

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748786

Entity Name: VENETIAN ARMS OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3701 SOUTH OSPREY AVENUE
SARASOTA, FL 34239**Current Mailing Address:**3701 SOUTH OSPREY AVENUE
SARASOTA, FL 34239 US**FEI Number:** 59-2444178**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PROGRESSIVE COMMUNITY MANAGEMENT
3701 SOUTH OSPREY AVENUE
SARASOTA, FL 34239 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:** WILLIAM SUTTON

03/26/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	CAREY, BRIAN
Address	3701 SOUTH OSPREY AVENUE
City-State-Zip:	SARASOTA FL 34239

Title	SD
Name	FREED, TERESA
Address	3701 SOUTH OSPREY AVENUE
City-State-Zip:	SARASOTA FL 34239

Title	D
Name	GIACOMAZZI, TULLIO
Address	3701 SOUTH OSREY AVENUE
City-State-Zip:	SARASOTA FL 34239

Title	TD
Name	GIACOMAZZI, MARIE
Address	3701 SOUTH OSPREY AVENUE
City-State-Zip:	SARASOTA FL 34239

Title	ASST. TREASURER
Name	SUTTON, WILLIAM
Address	3701 SOUTH OSPREY AVENUE
City-State-Zip:	SARASOTA FL 34239

Title	DEACON
Name	SAWYER, DONALD
Address	3701 SOUTH OSPREY AVENUE
City-State-Zip:	SARASOTA FL 34239

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: BRIAN CAREY**PRESIDENT**

03/26/2019

Electronic Signature of Signing Officer/Director Detail

Date