

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004337

**Entity Name:** AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, VENICE BRANCH, INC.**FILED**  
**Jan 18, 2013**  
**Secretary of State**  
**CC5398046546****Current Principal Place of Business:**1637 SAN SILVESTRO DRIVE  
VENICE, FL 34285**Current Mailing Address:**1637 SAN SILVESTRO DRIVE  
VENICE, FL 34285 US**FEI Number: 38-3867484****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REID, SHIRLEY  
123 WOODBRIDGE DRIVE UNIT 202  
VENICE, FL 34293 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	PRESIDENT
Name	REID, SHIRLEY
Address	123 WOODBRIDGE DRIVE UNIT 202
City-State-Zip:	VENICE FL 34293

Title	D
Name	CUDIA, CAROL
Address	5016 BELLA TERRA DRIVE
City-State-Zip:	VENICE FL 34293

Title	D
Name	RUSSELL, ANNE
Address	488 MARSH CREEK ROAD
City-State-Zip:	VENICE FL 34292

Title	DIRECTOR
Name	ANSTEY, DORIS
Address	517 CLUBSIDE CIRCLE
City-State-Zip:	VENICE FL 34293

Title	TREASURER
Name	EVENSON, JUDITH E TREASURER
Address	1937 SAN SILVESTRO DRIVE
City-State-Zip:	VENICE FL 34285

Title	SECRETARY
Name	OSTROM, MARGE
Address	11384 BERTOLINI DRIVE
City-State-Zip:	VENICE FL 34292

*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: JUDITH E. EVENSON****TREASURER****01/18/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date