# 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: WILLIAM PALMER

Electronic Signature of Signing Officer/Director Detail

| 2022 |                  |           | OFIT CODDC |              |  |
|------|------------------|-----------|------------|--------------|--|
| 2023 | <b>FLUKIDA N</b> | UI FUR PR |            | DRATION ANNU |  |

#### DOCUMENT# N46625

#### Entity Name: VENETIAN VILLAGE COMMUNITY ASSOCIATION, INC.

## **Current Principal Place of Business:**

16266 SAN CARLOS BLVD SUITE 10 FT. MYERS, FL 33908

#### **Current Mailing Address:**

16266 SAN CARLOS BLVD SUITE 10 FT. MYERS, FL 33908 US

### FEI Number: 65-0307529

## Name and Address of Current Registered Agent:

DEAVERS, MATT 16266 SAN CARLOS BLVD SUITE 10 FT. MYERS, FL 33908 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                 | MATT DEAVERS                             |                 |                                   |      |  |  |  |  |
|---------------------------|--|-----------------|-----------------------------------|------|--|--|--|--|
|                           | Electronic Signature of Registered Agent |                 |                                   | Date |  |  |  |  |
| Officer/Director Detail : |  |                 |                                   |      |  |  |  |  |
| Title                     | SECRETARY                                | Title           | TREASURER                         |      |  |  |  |  |
| Name                      | GULLIVER, PATRICIA                       | Name            | MONTGOMERY, LYNN                  |      |  |  |  |  |
| Address                   | 16266 SAN CARLOS BLVD<br>SUITE 10        | Address         | 16266 SAN CARLOS BLVD<br>SUITE 10 |      |  |  |  |  |
| City-State-Zip:           | FT. MYERS FL 33908                       | City-State-Zip: | FT. MYERS FL 33908                |      |  |  |  |  |
| Title                     | PRESIDENT                                | Title           | VP                                |      |  |  |  |  |
| Name                      | PALMER, WILLIAM                          | Name            | ASTEBERG, JORGEN                  |      |  |  |  |  |
| Address                   | 16266 SAN CARLOS BLVD<br>SUITE 10        | Address         | 16266 SAN CARLOS BLVD<br>SUITE 10 |      |  |  |  |  |
| City-State-Zip:           | FT. MYERS FL 33908                       | City-State-Zip: | FT. MYERS FL 33908                |      |  |  |  |  |
| Title                     | DIRECTOR                                 |                 |                                   |      |  |  |  |  |
| Name                      | PHILABAUM, PAUL                          |                 |                                   |      |  |  |  |  |
| Address                   | 16266 SAN CARLOS BLVD<br>SUITE 10        |                 |                                   |      |  |  |  |  |
| City-State-Zip:           | FT. MYERS FL 33908                       |                 |                                   |      |  |  |  |  |

Certificate of Status Desired: No

ector Detail

PRESIDENT

## FILED Apr 06, 2023 Secretary of State 1604552512CC