

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 210388

FILED
Jan 04, 2007
Secretary of State

Entity Name: VENICE GOLF ASSOCIATION, INC.

Current Principal Place of Business:

SO HARBOR DR
P. O. BOX 1385
VENICE, FL 34284

New Principal Place of Business:

1801 S. HARBOR DR.
VENICE, FL 34284

Current Mailing Address:

SO HARBOR DR
P. O. BOX 1385
VENICE, FL 34284

New Mailing Address:

1801 S. HARBOR DR.
VENICE, FL 34284

FEI Number: 59-0857558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHRODE, DONALD W
END OF HARBOR DR SO
PO BOX 1385 NA
VENICE, FL 34285 US

Name and Address of New Registered Agent:

SHRODE, DONALD W
1801 S HARBOR DR.
VENICE, FL 34285 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: THERESA PARRY

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD (X) Delete
Name: HORTON, CLARA,
Address: 309 NASSAU ST. NO.
City-St-Zip: VENICE, FL 00000,

Title: P (X) Delete
Name: SHRODE, DONALD M.,
Address: PO BOX 1554 NA
City-St-Zip: VENICE, FL

Title: VP () Delete
Name: WHEELER, MICHAEL
Address: 1302 GUILFORD DR
City-St-Zip: VENICE, FL

Title: D () Delete
Name: KEATING, BOB
Address: 316 PARK LANE DR
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: GRIESINGER, SUSAN
Address: 1000 CRESTWOOD RD
City-St-Zip: ENGLEWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WHEELER, MICHAEL
Address: 1302 GUILFORD DR
City-St-Zip: VENICE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA PARRY

TR

01/04/2007

Electronic Signature of Signing Officer or Director

Date