

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90002 029 ****61.25

DOCUMENT # 701849

1. Entity Name

YACHT CLUB APARTMENTS ASSOCIATION OF VENICE, INC

Principal Place of Business

VENICE, INC.
1325 TARPON CENTER ROAD
VENICE FL 34285

Mailing Address

VENICE, INC.
1325 TARPON CENTER ROAD
VENICE FL 34285

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0936012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUESCHEL, VICKI
C/O STEWART BUSINESS SERVICES INC
1224 RIDGEWOOD AVE
VENICE FL 34292

Name

STEWARTS

Street Address (P.O. Box Number is Not Acceptable)

ATT SANDY MACINTYRE

1224 RIDGEWOOD AVE

City

VENICE

FL

Zip Code

34282-1939

8. 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 *Sandra R MacIntyre* PRESIDENT, STEWARTS

04/25/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **KRENZ, ROGER K**
CITY-ST-ZIP **1325 TARPON CENTER DR #22**
VENICE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **HOLLAND, JOHN M**
CITY-ST-ZIP **1325 TARPON CENTER #5**
VENICE FL 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **LUCK, JAMES**
CITY-ST-ZIP **609 CADIZ RD**
VENICE FL 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WOOD, NORMAN**
CITY-ST-ZIP **1325 TARPON CENTER #3**
VENICE FL 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **LEDWIDGE, ROSEMARY**
CITY-ST-ZIP **1325 TARPON CENTER #14**
VENICE FL 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GODLEY, WILLIAM**
CITY-ST-ZIP **1325 TARPON CENTER**
VENICE FL 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James S Luck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02
Date

941-484-6120
Daytime Phone #

CR2E037 (9/01)