## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701849** 

FILED Apr 20, 2009 Secretary of State

Entity Name: YACHT CLUB APARTMENTS ASSOCIATION OF VENICE, INC.

| Current Principal Place of Business:                         |  |                              |            | New Principal Place of Business:                |  |                      |                   |          |
|--|--|------------------------------|------------|---|--|----------------------|-------------------|----------|
| VENICE, INC.<br>1325 TARPON CENTER DR<br>VENICE, FL 34285 US |  |                              |            | 1325 TARPON CENTER DRIVE<br>VENICE, FL 34285 US |  |                      |                   |          |
| Current Mailing Address:                                     |  |                              |            | New Mailing Address:                            |  |                      |                   |          |
| VENICE, INC.<br>1325 TARPON CENTER DR<br>VENICE, FL 34285 US |  |                              |            | 1325 TARPON CENTER DRIVE<br>VENICE, FL 34285 US |  |                      |                   |          |
| FEI Number:  | 59-0936012   | FEI Number Applied For ( )   | FEI Num    | nber Not Appli                                  | cable ( )                                    | Certificate          | of Status Desired | ()       |
| Name and   | Address of C   | urrent Registered Agent:     |            | Name and  | Address of                                   | New Regist           | ered Agent:       |          |
| 333 TAMIA<br>NORTH PO<br>The above                           | NNER TAX & E<br>.MI TRL S. STE<br>DRT, FL 34287          |                              | purpose of | 333 TAMIA<br>NORTH PC                           | ASCH TAX 8<br>MI TRL S. S<br>DRT, FL 342     | 2875 US              |                   | or both, |
| SIGNATURE:   |  |                              |            | 04/20/2009                                      |  |                      |                   |          |
|  | Electroni  | c Signature of Registered Ag | ent        |   |  | Da                   | te                |          |
| OFFICERS AND DIRECTORS:                                      |  |                              |            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:    |  |                      |                   |          |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                  | DT ()<br>HOLLAND, JOHI<br>1325 TARPON O<br>VENICE, FL 34 | CENTER #5                    |            | Title:<br>Name:<br>Address:<br>City-St-Zip:     |  | ()Change ()。         | Addition          |          |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                  | PD ()<br>LUCK, JAMES<br>609 CADIZ RD<br>VENICE, FL 34    | Delete<br>285                |            | Title:<br>Name:<br>Address:<br>City-St-Zip:     | ,  | ()Change() <i>i</i>  | Addition          |          |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                  | D ()<br>WOOD, NORMA<br>1325 TARPON C<br>VENICE, FL 343   | CENTER #3                    |            | Title:<br>Name:<br>Address:<br>City-St-Zip:     |  | ()Change()。          | Addition          |          |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                  | SD ()<br>LEDWIDGE, RC<br>1325 TARPON O<br>VENICE, FL 34  | CENTER #14                   |            | Title:<br>Name:<br>Address:<br>City-St-Zip:     |  | ()Change () <i>i</i> | Addition          |          |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                  | VD ()<br>GODLEY, WILL<br>1325 TARPON C<br>VENICE, FL 34: | CENTER                       |            | Title:<br>Name:<br>Address:<br>City-St-Zip:     | VP<br>GODLEY, WI<br>1325 TARPO<br>VENICE, FL | N CENTER             | Addition          |          |
|  |  |                              |            |   |  |                      |                   |          |

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES LUCK P 04/20/2009