

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 702572**

1. Entity Name  
**VENETIAN SHORES HOME OWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**P O BOX 1732  
ISLAMORADA, FL 33036-6560**

Mailing Address  
**P O BOX 1732  
ISLAMORADA, FL 33036-6560**

**DO NOT WRITE IN THIS SPACE**



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1718478**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MARGULIES, STANLEY  
1002 VENETIAN BLVD  
ISAMORADA, FL 33036**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000583540  
01/11/07-80075-020 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
RUSSELL, WENDY  
134 VENETIAN WAY  
ISLAMORADA, FL 33036**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
MARGULIES, STAN  
1002 VENETIAN BLVD  
ISLAMORADA, FL 33036**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
DOMENTI-SIGEL, SUE  
105 GLARDINO DR  
ISLAMORADA, FL 33036**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
ZIOMEK, DIANE  
101 MILANO DR  
ISLAMORADA, FL 33036**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**DIANE ZIOMEK Treasurer**

**1-05-07**

Date

Daytime Phone #