FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 702986

VENICE BEACH APARTMENTS ONE INC

Principat	Place	οf	Business	

Mailing Address

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90001 004 ****61.25

9 1 4 9 6 +

VENICE FL 34285		100 the Esplanade Noi Venice FL 34285	100 THE ESPLANADE NORTH VENICE FL 34285						
2. Principal P	lace of Business	2a. Mailing Address			_	3. Date incorporated or Qualifed 10/10/1961			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		Apr	olied For
22		27				59-0968751		No	t Applicable
City & Stat	e	City & State	****					\$8.75 A	dditional
23		28				5. Certifcate of Status Desired		Fee Re	quired
Zip	Country	Zip	Countr	у		6. Election Campaign Financing	_	\$5.00	Mav Be
24	25	29	30			Trust Fund Contribution		Added to	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	legistered /	Agent	
			84	l Nai	me				
MOORE, I	ROBERT I		82	Stre	eet Addre	ss (P.O. Box Number is Not Accepta	thle)		
	KOMIS AVE		"	- "``	Det Addie.	SS (1:0: Box Hambel is Hot Hotel	,		
VENICE F			83	3					
TEMOE 1	E 01200		84	City	/		FL	85 Zip C	ode
office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was a tions of, Section 617.0503, Flo	uthorized by rida Statute	the cost.	orporation	's board of directors. I hereby accep	t the appoir	itment as reg	jistered
12.	Signature, typed or printed name of registered ager	D DIRECTORS	13.	ent signat	ure required v	when reinstating) ADDITIONS/CHANGES TO OFF		D DIDECTO	DS IN 12
		DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFF	TICENS AN	Change	Addition
TITLE	PD				}			L_I Criange	
NAME	OVERMAN, BETTY	1 MT # 1 A	1.2 NAME		1				
STREET ADDRESS	100 THE ESPLANADE NORTH	APT #13	1.3 STREE		ESS				
CITY-ST-ZIP	VENICE FL 34285		1.4 CITY-	ST-ZIP					
TITLE	VPD	☐ DELETE	2.1 TITLE			e en e		Change	☐ Addition
NAME	MAHONEY, HENRY		2.2 NAME						
STREET ADDRESS	100 THE ESPLANADE NORTH	APT #2	2.3 STREE	TADOR	ESS				ŀ
CITY-ST-ZIP	VENICE FL 34285		2. 4 CITY-	ST-ZIP					
TITLE	STD	☐ DELETE	3.1 TITLE]			Change	☐ Addition
NAME	EMERSON, BILL		3.2 NAME]				
STREET ADDRESS	100 THE ESPLANADE NORTH	APT #16	3.3 STREE	TADORE	≅\$S				
CITY-ST-ZIP	VENICE FL 34285		3.4. CITY-	ST-ZIP					
TITLE	D	≥ DELETE	4.1 TITLE		P			Change	☐ Addition
NAME	HOEFEL, JEANETTE		4. 2 NAME		G	ERTRUDE FREIE	R.T. 4.0+	a	
STREET ADDRESS	100 THE ESPLANADE NORTH /	APT #16	4.3 STREE	T ADDRE				0	
CITY-ST-ZIP	VENICE FL 34285		4.4 CITY-1	ST-ZIP	ve	Nice F1. 3428	5		
TITLE	D	☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME	STINSON, SHIRLEY		5.2 NAME						,
STREET ADDRESS	100 THE ESPLANADE NORTH /	APT #15	5.3 STREE		ESS /				
CITY-ST-ZIP	VENICE FL 34285		5.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAMÉ						
STREET ADDRESS			6.3 STREE	T ADDRE	ess				
CITY-ST-ZIP			6.4 C/TY-5	ST-ZIP					

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 annual report or supplemental annual 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 12 or Block 13 if chapter 617 or on an attachment with an address, with all other like empowered.