

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90224 041 \*\*\*\*61.25

**DOCUMENT # 702986**

1. Entity Name

VENICE BEACH APARTMENTS ONE INC



Principal Place of Business

100 THE ESPLANADE NORTH  
VENICE FL 34285

Mailing Address

100 THE ESPLANADE NORTH  
21  
VENICE FL 34285

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1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0968751

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOORE, ROBERT L  
227 S NOKOMIS AVE  
VENICE FL 34285

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENSON, PATSY	
STREET ADDRESS	100 THE ESPLANADE #6	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MAHONEY, HENRY J	
STREET ADDRESS	100 THE ESPLANADE #2	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, PAT	
STREET ADDRESS	100 THE ESPLANADE #18	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EMERSON, WILLIAM M	
STREET ADDRESS	100 THE ESPLANADE #16	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STINSON, SHIRLEY	
STREET ADDRESS	100 THE ESPLANADE #15	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATIE RUSS	
STREET ADDRESS	100 The Esplanade #12	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORRAINE SILVA	
STREET ADDRESS	100 The Esplanade #20	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pat Jackson	
STREET ADDRESS	100 The Esplanade #18	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *William M. Emerson* (Wm. M. EMERSON) Treas. 2/21/05 941-485-0096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #