

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90116 009 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0968751

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

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

*Patsy Benson*

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

(NOTE: Registered Agent signature required when reinstating)

*March 13, 06*

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 checked="" type="checkbox"/> Delete
NAME	BENSON, PATSY	
STREET ADDRESS	100 THE ESPLANADE #6	
CITY-ST-ZIP	VENICE FL 34285	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RUSS, KATIE	
STREET ADDRESS	100 THE ESPLANADAS #12	
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 checked="" type="checkbox"/> Delete
NAME	EMERSON, WILLIAM M	
STREET ADDRESS	100 THE ESPLANADE #16	
CITY-ST-ZIP	VENICE FL 34285	

TITLE	MEM	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, PAT	
STREET ADDRESS	100 THE ESPLANADAS #18	
CITY-ST-ZIP	VENICE FL 34285	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SILVA, LORRAINE	
STREET ADDRESS	100 THE ESPLANADAS #20	
CITY-ST-ZIP	VENICE FL 34285	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Ryan #11	
STREET ADDRESS	100 The Esplanade	
CITY-ST-ZIP	Venice FL 34285	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Jackson #18	
STREET ADDRESS	100 The Esplanade	
CITY-ST-ZIP		

TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA LORRAINE #20	
STREET ADDRESS	100 THE ESPLANADE	
CITY-ST-ZIP	VENICE FL 34285	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON PATSY	
STREET ADDRESS	100 THE ESPLANADE	
CITY-ST-ZIP	VENICE FL 34285	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, JACK	
STREET ADDRESS	100 THE ESPLANADE	
CITY-ST-ZIP	VENICE FL 34285	

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 exemptions contained in Section 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:

*Patsy Benson*

*March 13 06 586-964-8606*