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

Suite, Apt. #, etc.

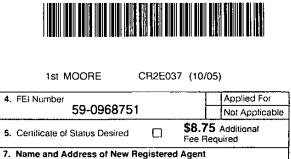
City & State

Zip

## **DOCUMENT # 702986** 1. Entity Name VENICE BEACH APARTMENTS ONE INC Principal Place of Business Mailing Address 100 THE ESPLANADE NORTH 100 THE ESPLANADE NORTH VENICE FL 34285 VENICE FL 34285 2. Principal Place of Business 3. Mailing Address

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

03-28-2006 90116 009 \*\*\*\*61.25



6. Name and Address of Current Registered Agent MOORE, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 227 S NOKOMIS AVE VENICE FL 34285 City Zip Code

Country

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

Suite, Apt. #, etc.

City & State

Zip

(NOTE: Registered Agent signature required when reinstating)

narch 13,06

FILE	NO	W:	FEE	: IS	\$61	.25
D	ue I	Ву І	May	1, 2	006	

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

				T (orida Dopar			
10.	10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENSON, PATSY 100 THE ESPLANADE #6 VENICE FL 34285	<b>2</b> Delete :	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jaceph Regan #11 100 the Explanade Venice 7l. 34285	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP  RUSS, KATIE 100 THE ESPLANADAS #12  VENICE FL 34285	🔀 Delete	TITLE NAME VP STREET ADDRESS CITY-ST-ZIP	Patricia Jackson #18 100 The Ciplanade	<b>⊁</b> Change	Addition	
TITUF	SD	Deleto	IILE	5D	_ <u></u>		
NAME STREET ADDRESS CITY-ST-ZIP	JACKSON, PAT 100 THE ESPLANADE #18 VENICE FL 34285		NAME Street Address City-St-Zip	SILVA LOCEAINE HZD 100THE ESPLANADE VENICE FL. 34285		į	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EMERSON, WILLIAM M 100 THE ESPLANADE #16 VENICE FL 34285	<b>∫</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENSON PATSY 100THE ESPLANDE VENICE FL 34285	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MEM JACKSON, PAT 100 THE ESPLANADAS #18 VENICE FL 34285	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DENNIS JACK 100 THE ESPLANADE VENICE FL 34285	<b>⊠</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVA, LORRAINE 100 THE ESPLANADAS #20 VENICE FL 34285	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	

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:

Mars 1. 13 06 586-964.8606