

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706209 (4)

1. Corporation Name

VENICE GARDENS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

406 SHAMROCK BLVD.
VENICE FL 34293
US

Mailing Address

P.O. BOX 751
VENICE FL 34285 -0751
US



3. Date Incorporated or Qualified
09/23/1963

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21. As above

2a. Mailing Address

26. As above

4. FEI Number
59-1087285

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERGUSON, ROBERT
235 BAL HARBOUR DR.
VENICE FL 33595

81 Name

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

83

000001922700

-08/15/96--01005--018

84 City

***61.25

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of registered agent and, if applicable,

(NOTE: Registered Agent signature required when re-stating)

3/6/96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME SEXTON, MARILYN
STREET ADDRESS 384 REDWOOD DRIVE
CITY-ST-ZIP VENICE FL

TITLE ☒ DELETE
NAME LITRELL, TERRY
STREET ADDRESS P.O. BOX 562 N/A
CITY-ST-ZIP VENICE FL 34284-0562

TITLE ☒ DELETE
NAME SHEPARD, GORDON
STREET ADDRESS 428 PEPPERTREE ROAD
CITY-ST-ZIP VENICE FL

TITLE ☒ DELETE
NAME ESSIG, RONALD
STREET ADDRESS 413 SHAMROCK BLVD
CITY-ST-ZIP VENICE FL

TITLE ☒ DELETE
NAME KINGSBURY, BRUCE
STREET ADDRESS 2320 BAL HARBOUR DRIVE
CITY-ST-ZIP VENICE FL

TITLE ☒ DELETE
NAME STONE, JOHN
STREET ADDRESS 337 REDWOOD DRIVE
CITY-ST-ZIP VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME Rand, Alice
1.3 STREET ADDRESS 428 Edgewood Rd.
1.4 CITY-ST-ZIP Venice, FL 34293

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME O'Gorman, Kimberly
2.3 STREET ADDRESS 564 Neponsit Dr.
2.4 CITY-ST-ZIP Venice FL 34293-1118

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME Smith, Dale
3.3 STREET ADDRESS 424 Peppertree Rd
3.4 CITY-ST-ZIP Venice FL 34293

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME Bowman, James
4.3 STREET ADDRESS 626 Michigan Dr. S.
4.4 CITY-ST-ZIP Venice FL 34293

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME Pereira, Jean Mayne
5.3 STREET ADDRESS 1763 Dagen Rd
5.4 CITY-ST-ZIP Venice FL 34293

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME Schattner, Walter
6.3 STREET ADDRESS 455 Clover Rd
6.4 CITY-ST-ZIP Venice FL 34293

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

497-0317

CR2E037 (12/95)