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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
406 SHAMROCK BLVD VENICE FL 34293 US	P.O BOX 6082 VENICE FL 34292-0682 US

3. Date Incorporated or Qualified: 09/23/1963

4. FEI Number: 59-1087285 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SMITH, DALE
649 MICHIGAN DR N
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name

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

83

84 City 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RAND, ALICE		1.2 NAME		
STREET ADDRESS	428 EDGEWOOD RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	O'GORMAN, KIMBERLY		2.2 NAME	METRO, ANDY	
STREET ADDRESS	564 NEPONSIT DR		2.3 STREET ADDRESS	400 CENTER RD	
CITY-ST-ZIP	VENICE FL		2.4 CITY-ST-ZIP	VENICE, FL 34292	
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DALE		3.2 NAME		
STREET ADDRESS	424 PEPPERTREE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOWMAN, JAMES		4.2 NAME		
STREET ADDRESS	626 MICHIGAN DR. S.		4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PEREIRA, JEAN H		5.2 NAME		
STREET ADDRESS	1763 DAGON RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHATTNER, WALTER		6.2 NAME	LUKACS, LINDA	
STREET ADDRESS	455 CLOVER RD.		6.3 STREET ADDRESS	412 SHAMROCK BLVD	
CITY-ST-ZIP	VENICE FL 34293		6.4 CITY-ST-ZIP	VENICE, FL 34293	

CR2E037 (10/97)

14. 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 changed, or on an attachment with an address.

SIGNATURE: DALE SMITH, PRES. Dale Smith 3/4/98
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR Date Daytime Phone #