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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706209

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/23/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1087285 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: O'GORMAN, KIMBERLY
82 Street Address (P.O. Box Number is Not Acceptable): 564 NEPONSIT DR.
83
84 City: VENICE FL 85 Zip Code: 34293

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: O'GORMAN, KIMBERLY-PRESIDENT — Kimberly O'Gorman — DATE: 4/14/99
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	TF	☐ Change ☒ Addition
NAME	RAND, ALICE		1.2 NAME	DICKENS, RAY	
STREET ADDRESS	428 EDGEWOOD RD		1.3 STREET ADDRESS	224 REDWOOD RD.	
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	METRO, ANDY		2.2 NAME	THACKARA, LORRAINE	
STREET ADDRESS	400 CENTER RD		2.3 STREET ADDRESS	333 REDWOOD RD.	
CITY-ST-ZIP	VENICE FL 34292		2.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE	P	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	SMITH, DALE		3.2 NAME	SMITH, DALE	
STREET ADDRESS	424 PEPPERTREE ROAD		3.3 STREET ADDRESS	649 MICHIGAN DR. N	
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE	VPD	☒ DELETE	4.1 TITLE	VPD	☒ Change ☒ Addition
NAME	BOWMAN, JAMES		4.2 NAME	GIRARD, LUCY	
STREET ADDRESS	626 MICHIGAN DR. S.		4.3 STREET ADDRESS	417 REDWOOD RD.	
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE	SD	☒ DELETE	5.1 TITLE	P	☐ Change ☒ Addition
NAME	PEREIRA, JEAN H		5.2 NAME	O'GORMAN, KIMBERLY	
STREET ADDRESS	1763 DAGON RD		5.3 STREET ADDRESS	564 NEPONSIT DR.	
CITY-ST-ZIP	VENICE FL		5.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	☐ DELETE	6.1 TITLE	TF	☒ Change ☐ Addition
NAME	LUKACS, LINDA		6.2 NAME	LUKACS, LINDA	
STREET ADDRESS	412 SHAMROCK BLVD		6.3 STREET ADDRESS	412 SHAMROCK, BLVD	
CITY-ST-ZIP	VENICE FL 34293		6.4 CITY-ST-ZIP	VENICE, FL 34293	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4/14/99 (Date) — 497-0317 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR