2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90097 044 ****61.25

DOCUMENT # 706209

1. Entity 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 34293-1032 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	PMB 207 1532 US BYPASS S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
VENICE, FL	~~FL~~ VENICE, FL
City & State	City & State
Zip 34293 Country SARASOTA	Zip 34293 Country SARASOTA

4. FEI Number 59-1087285 ☐ 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
O'GORMAN, KIMBERLY 564 NEPONSIT VENICE FL 34293	Name: PAT BUCK, TREASURER Street Address (P.O. Box Number is Not Acceptable): PMB 207 1532 US BYPASS SOUTH City: VENICE FL FL Zip Code 34293

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.

SIGNATURE _____ 3-27-00

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

PAT BUCK, TREASURER

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DICKENS, RAY 224 REDWOOD RD. VENICE FL 34293	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUCK, PAT 2270 BLACKWOOD DR VENICE, FL 34293	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP THACKARA, LORRAINE 333 REDWOOD RD. VENICE FL 34293	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AL CORLHO 256 MOSS LANE VENICE, FL 34293	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GIRAD, LUCY 417 REDWOOD RD. VENICE FL 34293	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LUCY GIRARD 417 REDWOOD RD VENICE FL 34293	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'GORMAN, KIMBERLY 564 NEPONSIT DR. VENICE FL 34293	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LINDA ~~LUKA~~ LUKACS 412 SHAMROCK BLVD VENICE, FL 34293	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, DALE 649 MICHIGAN DR. N VENICE FL 34293	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MADELEINE HORN 311 HILLVIEW RD VENICE, FL 34293	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUKACS, LINDA 412 SHAMROCK BLVD VENICE FL 34293	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOAN GULITI 343 MOSS LANE VENICE, FL 34293	☑ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: SIGNATURE REQUIRED Treasurer 3/27/00 (941) 496-8566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #