2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # 706209 1. Entity Name VENICE GARDENS HOME OWNERS ASSOCIATION, INC. 05-11-2001 90103 042 ****61.25 Principal Place of Business Mailing Address 406 SHAMROCK BLVD PMB 207 1532 US BYPASS S. VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1087285 Not Applicable Zip_ Country Country Zip \$8.75 Additional 5.- Certificate of Status Desired-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUGH BASTIAN Street Address (P.O. Box Number is Not Acceptable) **BUCK, PAT** YINE PMB 207 #532 US BYPASS S. VENICE FL 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 Fiorida FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61,25** Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DICKENS, RAY NAME NAME STREET ADDRESS 224 REDWOOD RD. STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP Delete TITLE ☐ Change Addition COELHO THACKARA, LORRAINE NAME NAME LANE MOSS 333 REDWOOD RD. STREET ADDRESS STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition GIRAD, LUCY NAME NAME STREET ADDRESS 417 REDWOOD RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P VENICE FL 34293 SELRE TARY Delete TITLE Addition TITLE PATTI BUCKLES 1789 BANYON PRIVE O'GORMAN, KIMBERLY NAME NAME 564 NEPONSIT DR. STREET ADDRESS STREET ADDRESS 34293 CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP VENICE Delete TITLE ☐ Change Addition SETH HODGES, SMITH, DALE NAME NAME SHADE DRIVE 425 649 MICHIGAN DR. N STREET ADDRESS STREET ADDRESS CITY-ST-7IP VENICE FL 34293 CITY-ST-ZIP TITLE ☐ Delete TITLE LUKACS, LINDA NAME NAME BLUD. 412 SHAMROCK BLVD SHAMROCK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-7IP

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: ### STAN TREPS. ### Page 10 Payline Phone ### Page 11 Page 12 Payline Phone ### Page 12 Payline Phone ### Phone ### Page 12 Payline Phone ### Phone #### Phone ### Page 12 Payline Phone ### Phone #### Phone ##### Phone #### Phone ##### Phone #### Phone #### Phone #### Phone #### Phone Phone