

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90142 047 ****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**

**PMB 207 1532 US BYPASS S.
 VENICE FL 34293
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**BASTIAN, HUGH
 403 PINE TREE TERRACE
 VENICE FL 34293**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
 NAME **T DICKENS, RAY**
 STREET ADDRESS **224 REDWOOD RD.**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☒ Addition
 NAME **T LINDQUIST WM.**
 STREET ADDRESS **601 BRIARWOOD RD.**
 CITY-ST-ZIP **VENICE, FL, 34293**

TITLE ☐ Delete
 NAME **VP COELHO, AL**
 STREET ADDRESS **256 MOSS LANE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☒ Change ☐ Addition
 NAME **VP BUCKLES PATTI**
 STREET ADDRESS **1789 BANYON DRIVE**
 CITY-ST-ZIP **VENICE, FL, 34293**

TITLE ☒ Delete
 NAME **VPD GIRAD, LUCY**
 STREET ADDRESS **417 REDWOOD RD.**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☒ Change ☒ Addition
 NAME **T. WINDFONG MARY**
 STREET ADDRESS **600 GLEN OAK RD**
 CITY-ST-ZIP **VENICE, FL, 34293**

TITLE ☐ Delete
 NAME **S BUCKLES, PATTI**
 STREET ADDRESS **1789 BANYON DRIVE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☒ Change ☐ Addition
 NAME **S YOUNG BOB**
 STREET ADDRESS **404 PINE TREE TERR.**
 CITY-ST-ZIP **VENICE, FL, 34293**

TITLE ☐ Delete
 NAME **D HODGES, SETH**
 STREET ADDRESS **425 E SHADE DRIVE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **P LUKACS, LINDA**
 STREET ADDRESS **412 SHAMROCK BLVD**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

HUGH BASTIAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/02
 Date

941-497-0299
 Daytime Phone #

CR2E037 (9/01)