

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90070 047 ****61.25

DOCUMENT # 706209

1. Entity Name
VENICE GARDENS HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**406 SHAMROCK BLVD
VENICE, FL 34293 US**

NOTE NEW RETURN ADDRESS

**VGHOA
Venice Gardens Homeowner's Assoc.
406 Shamrock Blvd
Venice, FL 34293**



2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-1087285

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	FELKER, GARY	
STREET ADDRESS	744 HILLVIEW ROAD	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	V	☒ Delete
NAME	PULLIN, THOMAS	
STREET ADDRESS	564 LA GORGE DRIVE	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	V	☐ Delete
NAME	SPAIN, CLIFF	
STREET ADDRESS	1733 FOREST ROAD	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	☒ Delete
NAME	BRIGGS, BOB	
STREET ADDRESS	1785 COCANUT DRIVE	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	T	☒ Delete
NAME	GOTTLIEB, LEO	
STREET ADDRESS	623 SHERIDAN DRIVE	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	☐ Delete
NAME	LUKACS, LINDA	
STREET ADDRESS	412 SHAMROCK BLVD	
CITY-ST-ZIP	VENICE, FL 34293	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	JEANNE MERCER V.P.	☐ Change ☒ Addition
NAME	553 LA GORGE DR.	
STREET ADDRESS	VENICE, FL 34293	
CITY-ST-ZIP		
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	JANE AHRENS	
STREET ADDRESS	540 S. NEPONSIT DR.	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	LINDQUIST, BILL	
STREET ADDRESS	601 BRIARWOOD RD.	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	ARUEY, MILT	
STREET ADDRESS	1778 POMELO RD.	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	TREASURER	☒ Change ☐ Addition
NAME	BASTIAN, HUGH	
STREET ADDRESS	403 PINE TREE TERR.	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	SCHWARTZ, ELAINE	
STREET ADDRESS	2160 CAMBRIDGE DRIVE	
CITY-ST-ZIP	VENICE, FL 34293	

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 **HUGH BASTIAN** 4/05/04 941-497-0299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #