2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State
04-26-2005 90157 025 ****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	VENICE GARDENS HMOWNR'S ASSOC. 406 SHAMROCK BLVD. VENICE, FL 34293 US

04182005 Chg-NP CR2E037 (10/03)

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

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

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FELKER, GARY 744 HILLVIEW ROAD VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S, JEAN PEREIRA 1763 DAGON RD. VENICE, FL. 34293 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MERCER, JEANNE 553 LAGORGE DR. VENICE, FL 34293	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V STEVE ECKERT 564 CENTER RD VENICE, FL. 34293 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SPAIN, CLIFF 1733 FOREST ROAD VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOB JOYNSON 1713 LAKESIDE DR. VENICE, FL. 34293 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AHREN, JANE 540 S NEPONSIT DR. VENICE, FL 34293	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. MILT ARVAY 1778 POMELO DR. VENICE, FL. 34293 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDQUIST, BILL 601 BRIARWOOD RD. VENICE, FL 34293	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. ELAINE SCHWARTZ 2160 CAMBRIDGE DR. 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. JOHN GULITTI 243 MOSS LANE VENICE, FL. 34293 ☐ Change ☑ Addition

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 4/17/05 941-497-0299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #