

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90040 002 ****61.25

DOCUMENT # 706209 1. Entity Name VENICE GARDENS HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 406 SHAMROCK BLVD VENICE, FL 34293 US			Mailing Address VENICE GARDENS HOMEOWNERS ASSOC. 406 SHAMROCK BLVD. VENICE, FL 34293 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1087285	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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 resigning)					
Filing Fee is \$61.25 Due by May 1, 2007		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	P	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	FELKER, GARY		NAME	D. TERRY PAYNTER	
STREET ADDRESS	744 HILLVIEW ROAD		STREET ADDRESS	304 CENTER RD.	
CITY-STATE-ZIP	VENICE, FL 34293		CITY-STATE-ZIP	VENICE, FL 34293	
TITLE	V	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	BRIGGS, R		NAME	D. RICHARD SIMMONS	
STREET ADDRESS	1785 COCONUT DR.		STREET ADDRESS	1735 CARIBBEAN CIRCLE	
CITY-STATE-ZIP	VENICE, FL 34293		CITY-STATE-ZIP	VENICE, FL 34293	
TITLE	S	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	COELHO, PAT		NAME	D. MICHAEL JONES	
STREET ADDRESS	256 MOSS LANE		STREET ADDRESS	368 HILLVIEW RD.	
CITY-STATE-ZIP	VENICE, FL 34293		CITY-STATE-ZIP	VENICE, FL 34293	
TITLE	D	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	BASTIAN, HUGH		NAME	D. ROGER KRAMER	
STREET ADDRESS	403 PINE TREE		STREET ADDRESS	325 SHAMROCK BLVD.	
CITY-STATE-ZIP	VENICE, FL 34293		CITY-STATE-ZIP	VENICE, FL 34293	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JOYNSON, BOB		NAME		
STREET ADDRESS	1717 LAKESIDE DR		STREET ADDRESS		
CITY-STATE-ZIP	VENICE, FL 34293		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LUKACS, LINDA		NAME		
STREET ADDRESS	412 SHAMROCK BLVD		STREET ADDRESS		
CITY-STATE-ZIP	VENICE, FL 34293		CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			4/14/07 (941) 493-5743		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day/Date Phone #		