2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706209

FILED Apr 23, 2008 Secretary of State

Entity Name: VENICE GARDENS HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

406 SHAMROCK BLVD VENICE, FL 34293 US

Current Mailing Address: New Mailing Address:

VENICE GARDENS HMOWNR'S ASSOC. 406 SHAMROCK BLVD. VENICE, FL 34293 US

FEI Number: 59-1087285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BASTIAN, HUGH

403 PINE TREE TERRACE

VENICE, FL 34293 US

JOYNSON, ROBERT

1713 LAKESIDE DR

VENICE, FL 34293 US

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: ROBERT J. JOYNSON 04/23/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Address:

City-St-Zip:

412 SHAMROCK BLVD

VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete FELKER, GARY JONES, MICHAEL Name: Name: 744 HILLVIEW ROAD Address: 368 HILLVIEW ROAD Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293 Title: () Delete Title: (X) Change () Addition BRIGGS, R Name: BRIGGS, ROBERT Name: Address: 1785 COCONUT DR. Address: 1785 COCONUT DR. City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293 Title: () Delete Title: () Change () Addition COELHO, PAT Name: Name: Address: 256 MOSS LANE Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BASTIAN, HUGH Name: METTLER, BETTY **403 PINE TREE** 1230 CAMBRIDGE DR Address: Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293 Title: () Delete Title: (X) Change () Addition JOYNSON, BOB BENNETT, RICHARD Name: Name: 1717 LAKESIDE DR 1280 CAMBRIDGE DR Address: Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293 Title: () Delete Title: () Change () Addition LUKACS, LINDA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT J. JOYNSON D 04/23/2008