

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706931 (3)

1. Corporation Name

VENETIAN PARK GARDENS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2115 N.E. 42ND COURT. #101
LIGHTHOUSE POINT FL 33064

2115 N.E. 42ND COURT. #101
LIGHTHOUSE POINT FL 33064

3. Date Incorporated or Qualified

03/05/1964

3a. Date of Last Report

07/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1083323

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STROBER, CHARLES
2121 NE 42ND CT
APT 203-C
LIGHTHOUSE POINT FL 33064**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T DELETE
NAME SAUVE, MAXINE
STREET ADDRESS 2115 NE 42ND CT
CITY-ST-ZIP LIGHTHOUSE PT. FL 00000

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

VPT DELETE
NAME OBRIEN, RITA TONY SIRIINA
STREET ADDRESS 2111 NE 42ND CT APT 110-C #105
CITY-ST-ZIP LIGHTHOUSE PT. FL 00000

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D DELETE
NAME PIETRAS, STEVE
STREET ADDRESS 2131 NE 42ND CT AOPT 212-E
CITY-ST-ZIP LIGHTHOUSE PT. FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SD DELETE
NAME STROBER, JOYCE
STREET ADDRESS 2121 NE 42ND CT.
CITY-ST-ZIP LIGHTHOUSE PT. FL 00000

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

PD DELETE
NAME STROBER, CHARLES
STREET ADDRESS 2121 NE 42ND CT.
CITY-ST-ZIP LIGHTHOUSE PT FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D DELETE
NAME BLASS, EDWARD KAYE PEGE
STREET ADDRESS 2131 NE 42ND CT. SIDING 42ND CT.
CITY-ST-ZIP LIGHTHOUSE PT. FL LIGHTHOUSE PT FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maxine Sauve* (MAXINE E SAUVE)

4-30-96 (305)
Date 781-8003
Daytime Phone #

CR2E037 (12/95)