

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 2115 N.E. 42ND COURT. #101 LIGHTHOUSE POINT FL 33064	Mailing Address 2115 N.E. 42ND COURT. #101 LIGHTHOUSE POINT FL 33064-7357
----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

3. Date Incorporated or Qualified 03/05/1964	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1083323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUVE, MAXINE	1.2 NAME	Berthe AI
STREET ADDRESS	2115 NE 42ND CT	1.3 STREET ADDRESS	2131 N.E. 42 CT. #203E
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	1.4 CITY-ST-ZIP	Lighthouse Pt, FL
TITLE	VPT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRIANA, TONY	2.2 NAME	MARION MAQQIO
STREET ADDRESS	2111 NE 42ND CT, #105	2.3 STREET ADDRESS	2131 N.E. 42 CT. #102E
CITY-ST-ZIP	LIGHTHOUSE PT FL	2.4 CITY-ST-ZIP	Light house Pt, FL.
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIETRAS, STEVE	3.2 NAME	MARCIE Spiess
STREET ADDRESS	2131 NE 42ND CT AOPT 212-E	3.3 STREET ADDRESS	2111 N.E. 42 CT. #101W
CITY-ST-ZIP	LIGHTHOUSE PT. FL	3.4 CITY-ST-ZIP	Light house Pt, FL. 33064
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROBER, JOYCE	4.2 NAME	
STREET ADDRESS	2121 NE 42ND CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROBER, CHARLES	5.2 NAME	
STREET ADDRESS	2121 NE 42ND CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEL, KAYE	6.2 NAME	
STREET ADDRESS	2121 NE 42ND CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	6.4 CITY-ST-ZIP	

14. I do 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 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: YOUR SIGNATURE REQUIRED April 30 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021957

CR2E037 (9/96)