FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

2121 NE 42ND CT

LIGHTHOUSE POITN FL 33064

APT 203-C

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #1. Corporation Name

VENETIAN PARK GARDENS ASSOCIATION, INC.

| Principal Place of Business Mailing Address | | I LOBERLE ABOUT BROIT BROIT TO DIVID THIRTY LIST, DIRECT BROIT BROIT BROIT BROIT BROIT BROIT | | | |
|---|---|--|--|--|--|
| 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 | | | |
| | | 4. FEI Number Applied For | | | |
| | | 59-1083323 Not Applicable | | | |
| 2. Principal Place of Business 21.21 N.E. 42nd Court | 2a. Malling Address 2b 2121 N.E. 42nd Court | 5. Certificate of Status Desired S8.75 Additional Fee Regulred | | | |
| Suite, Apt. #, etc. 22 #100 | Suite, Apt. #, etc. 27 #100 | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| City & State 23 Lighthouse Point, FL | City & State 28 Lighthouse Point, FL | 7. Is this nonprofit corporation a homeowners association? | | | |
| Zip Country 24 33064-7304 25 Broward | Zip Country 29 33064-7304 30 Browar | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 🛣 No | | | |
| 9. Name and Address of Currer | nt Registered Agent | 10. Name and Address of New Registered Agent | | | |
| STROBER, CAHRLES | 81 Nam | | | | |
| SINOPEN, CANNES | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |

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

83

84 City

| SIGNATURE . | m familiar with, and accept the obligations of, Section | | | | | |
|-----------------|--|-----------|--------------------|--|--|---------------|
| | Signature, typed or printed name of registered agent and title if applicable | . (NOTE R | | required when reinstaling) DATE | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | | |
| TITLE | ν | X DELETE | 1.1 TITLE | Ď | Change | Addition |
| NAME | Berthe, al | | 1,2 NAME | Ankers, John | | |
| STREET ADDRESS | 21311 NW 42 CT #203E | | 1,3 STREET ADDRESS | 2115 N.E. 42nd Ut. #104 | | |
| CITY-ST-ZIP | LIGHTHOUSE POINT FL | | 1.4 CITY-ST-ZIP | Lighthouse Point, rl 3306 | 4 | |
| TITLE | T | X DELETE | 2.1 TITLE | TD | Change | Addition |
| NAME | MAGGIO, MARION | | 2.2 NAME | Curtis, Eugene | | |
| STREET ADORESS | 2131 NE 42 CT #102E | | 2.3 STREET ADDRESS | 2121 N.E. 42nd Ct #106 | | |
| CITY-ST-ZIP | LIGHTHOUSE POINT FL | | 2.4 CITY-ST-ZIP | Lighthouse Point, FL 3306 | <u>. </u> | |
| TITLE | D | DELETE | 3.1 TITLE | D | Change | Addition |
| NAME | SPIESS, MARCIE | | 3.2 NAME | Fanion, Melvin | | - |
| STREET ADDRESS | 2111 NW 42 CT #101W | | 3.3 STREET ADDRESS | 2121 N.E. 42nd Ct. #208 | | |
| CITY-ST-ZIP | LIGHTHOUS POINT FL | v | 3.4. CITY-ST-ZIP | Lighthouse Point, Fl 3306 | 4 | |
| TITLE | - • | DELETE | 4.1 TITLE | SD | Change | Addition |
| NAME | STROBER, JOYCE | | 4, 2 NAME | Moore, Albert | | |
| STREET ADDRESS | 2121 NE 42ND CT. | į | 4.3 STREET ADDRESS | 2131 N.E. 42nd Ct #106 | | |
| CITY - ST - ZIP | LIGHTHOUSE PT, FL 00000 | | 4.4 City-St-ZiP | Lighthouse Pt, FL 33064 | | |
| TITLE | PD | DELETE | 5.1 TITLE | D | Change | Addition |
| NAME | STROBER, CHARLES | | 5.2 NAME | Pietras, Stephen | | |
| STREET ADDRESS | 2121 NE 42ND CT. | | 5.3 STREET ADDRESS | 2131 N. E. 42nd Ct. # 212 Lighthouse Pt. FL 33064 | | |
| CITY-ST-ZIP | LIGHTHOUSE PT FL | | 5.4 CITY-ST-ZIP | Lighthouse Pt. FL 33064 | | |
| TITLE | Ī | DELETE | 6.1 TITLE | PD G4 | Change | Addition |
| NAME | SAUVE, MAXINE | l | 6.2 NAME | Sirianni, Anthony | | |
| STREET ADDRESS | 2115 NE 42ND CT | | 6.3 STREET ADDRESS | 2111 N.E. 42nd Ct. #105 | | |
| 000 07 300 | I KANTHANIGE DANNT EI | | CACITY OF BID | Lighthouse Dt PT 22041 | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 chapter 6, or on an attachment with an address.

4/10/98

(954)943-4187

FILED

Apr 20 1998 8:00am

Secretary of State

- I TRAKIT KASIK ATRIS BIKKA KAKAS KIJOK KINI SIBIK SIJAK BIBIT BIRKI AKAK BIJAK BIRA

Zip Code