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**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90036 008 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 706931**

1. Corporation Name  
**VENETIAN PARK GARDENS ASSOCIATION, INC.**

Principal Place of Business 2121 NE 42ND COURT 100 LIGHTHOUSE POINT FL 33064-304 US	Mailing Address 2121 NE 42ND COURT 100 LIGHTHOUSE POINT FL 33064-304 US
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2. Principal Place of Business 21 3170 N Federal Hwy	2a. Mailing Address 26 same	3. Date Incorporated or Qualified 03/05/1964
Suite, Apt. #, etc. 22 Suite 116	Suite, Apt. #, etc. 27	4. FEI Number 59-1083323
City & State 23 Lighthouse Point	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 FL	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Robert H. Smith**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3170 N Federal Hwy**  
 83 **Suite 116**  
 84 City **Lighthouse Point** FL 85 Zip Code **33064**

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 Robert H. Smith DATE 3/24/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	NAME ANKERS, JOHN	STREET ADDRESS 2115 NE 42ND CT, #104	CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/> DELETE
TITLE TD	NAME CURTIS, EUGENE	STREET ADDRESS 2121 NE 42ND CT, #106	CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/> DELETE
TITLE D	NAME FANION, MELVIN	STREET ADDRESS 2121 NE 42ND CT, #208	CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/> DELETE
TITLE SD	NAME MOORE, ALBERT	STREET ADDRESS 2131 NE 42ND CT, #106	CITY-ST-ZIP LIGHTHOUSE PT, FL 00000 33064	<input type="checkbox"/> DELETE
TITLE D	NAME PIETRAS, STEPHEN	STREET ADDRESS 2131 NE 42ND CT #212	CITY-ST-ZIP LIGHTHOUSE PT FL 33064	<input checked="" type="checkbox"/> DELETE
TITLE PD	NAME SIRIANNI, ANTHONY	STREET ADDRESS 2111 NE 42ND CT, #105	CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	1.2 NAME Murphy, Gloria	1.3 STREET ADDRESS 2111 NE 42 ct, #207 W	1.4 CITY-ST-ZIP Lighthouse Point, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE DYP	2.2 NAME O'Brian, Rita	2.3 STREET ADDRESS 2121 NE 42 ct, #110c	2.4 CITY-ST-ZIP Lighthouse Point, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE PO	3.2 NAME Maggio, Marion	3.3 STREET ADDRESS 2131 NE 42 ct, #102 E	3.4 CITY-ST-ZIP Lighthouse Point, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE SD	4.2 NAME Lewis, Thomas	4.3 STREET ADDRESS 2111 NE 42 ct, #203 W	4.4 CITY-ST-ZIP Lighthouse Point, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: Marion Maggio SIGNATURE REQUIRED President DATE 3-24-99 DAYTIME PHONE # 954 941-7071

0026354

CR2E037 (11/98)