

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90037 001 ****61.25

DOCUMENT # 706931

1. Entity Name

VENETIAN PARK GARDENS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3170 N. FEDERAL HWY
 STE 116
 LIGHTHOUSE POINT FL 33064-304
 US**

**2121 NE 42ND COURT
 100
 LIGHTHOUSE POINT FL 33064-9032
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1083323

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, ROBERT H
 3170 N. FEDERAL HWY
 STE 116
 LIGHTHOUSE POINT FL 33064**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, GLORIA	
STREET ADDRESS	2111 NE 42 CT #207 W	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	O'BRIAN, RITA	
STREET ADDRESS	2121 NE 42 CT #110 C	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MAGGIO, MARION	
STREET ADDRESS	2131 NE 42 CT #102 E	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, ALBERT	
STREET ADDRESS	2131 NE 42ND CT, #106	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000 33064	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, THOMAS	
STREET ADDRESS	2111 NE 42 CT #203 W	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Thomas Lewis		
STREET ADDRESS	2111 NE 42nd Ct., Unit 203W		
CITY-ST-ZIP	Lighthouse Point, FL 33064		
TITLE	V/T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Charles Strober		
STREET ADDRESS	2121 NE 42nd Ct, Unit 203C		
CITY-ST-ZIP	Lighthouse Point, FL 33064		
TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	John Daubner		
STREET ADDRESS	2111 NE 42nd Ct., Unit 206W		
CITY-ST-ZIP	Lighthouse Point, FL 33064		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Constantine O'Kinczyc		
STREET ADDRESS	2121 NE 42nd Ct., Unit 104C		
CITY-ST-ZIP	Lighthouse Point, FL 33064		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Sam Kazazian		
STREET ADDRESS	2131 NE 42nd Ct., Unit 206E		
CITY-ST-ZIP	Lighthouse Point, FL 33064		
TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Lewis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 **954-941-7671**
 Date Daytime Phone #