2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# 707297

Entity Name: VENICE EAST COMMUNITY ASSOCIATION INC

Current Principal Place of Business:

564 WHIPPOORWILL DR.
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

564 WHIPPOORWILL DR.
VENICE, FL 34293

New Mailing Address:

FEI Number: 59-2820364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTORELLA, BARBARA
377 SUNNYSIDE DR.
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	JOSEPH, JACK,	
Address:	446 MEXICALI AVE	
City-St-Zip:	VENICE, FL	
Title:	T	( ) Delete
Name:	SANTORELLA, BARBARA J	
Address:	377 SUNNYSIDE DR.	
City-St-Zip:	VENICE, FL 34293	
Title:	P	( ) Delete
Name:	JUNE, ELMER	
Address:	282 DORCHESTER DR	
City-St-Zip:	VENICE, FL 34293	
Title:	VP	( ) Delete
Name:	AUGSBURGER, HAROLD	
Address:	378 PINEVIEW DR	
City-St-Zip:	VENICE, FL 34293	
Title:	S	( ) Delete
Name:	AHRENS, MARILYN	
Address:	564 WHIPPOORWILL DR.	
City-St-Zip:	VENICE, FL	
Title:	D	( ) Delete
Name:	HLADKY, BARBARA	
Address:	214 ARNO RD	
City-St-Zip:	VENICE, FL 34293	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	AHRENS, MARILYN	
Address:	564 WHIPPOORWILL DR.	
City-St-Zip:	VENICE, FL 34293	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN AHRENS S 02/12/2009

Electronic Signature of Signing Officer or Director — Date