


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90224 049 ****61.25

DOCUMENT # 712614 1. Entity Name VENICE TOWN HOUSE, INC.			
Principal Place of Business 705A W VENICE AVENUE PO BOX 1164 VENICE, FL 34284-1164		Mailing Address 705A W VENICE AVENUE PO BOX 1164 VENICE, FL 34284-1164	
2. Principal Place of Business KEYS-CALDWELL, INC. 1162 INDIAN HILLS BLVD. VENICE, FL 34293		3. Mailing Address KEYS-CALDWELL, INC. 1162 INDIAN HILLS BLVD. VENICE, FL 34293	
4. FEI Number 59-1323671		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKEE, JOSEPH E 707C W VENICE AVENUE VENICE, FL 34285		7. Name and Address of New Registered Agent Name KEYS-CALDWELL, INC. Street Address (P.O. Box Number is Not Acceptable) 1162 INDIAN HILLS BLVD. VENICE, FL 34293 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Ornette K Caldwell, President</i>		DATE <i>4/14/05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKEE, JOSEPH 707C W. VENICE AVENUE VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PD Joan Olson 707 A West Venice Avenue Venice FL 34295
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LELAND-MAYER, POLLY 705B W. VENICE AVENUE VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			STD Garry Lamardo 713 West Venice Avenue Venice FL 34295
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALANDER, ELLEN W 61 N BROADWAY ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Joan T. Peace-Olson</i>		DATE: <i>4/21/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	