


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90004 033 *****61.25

DOCUMENT # 712614 1. Entity Name VENICE TOWN HOUSE, INC.					
Principal Place of Business SANDI RAASCH, E.A. 1162 INDIAN HILLS BLVD. VENICE, FL 34293			Mailing Address 406 GIOVANNI DR NOKOMIS, FL 34275		
2. Principal Place of Business - No P.O. Box # 40 SANDI RAASCH E.A. Suite, Apt. #, etc. 406 GIOVANNI DRIVE			3. Mailing Address Suite, Apt. #, etc. City & State NOKOMIS FL		
City & State NOKOMIS FL			City & State 		
Zip 34275		Country USA		4. FEI Number 59-1323671	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RAASCH, SANDI E.A. 406 GIOVANNI DR NOKOMIS, FL 34275				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME STARK, SUSAN			<input type="checkbox"/> Delete	
STREET ADDRESS 705B W VENICE AVE	CITY-ST-ZIP VENICE, FL 34285			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD	NAME DAVIS, JUDY			<input type="checkbox"/> Delete	
STREET ADDRESS 707B W VENICE AVE	CITY-ST-ZIP VENICE, FL 34285			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD	NAME STANEK, WAYNE			<input type="checkbox"/> Delete	
STREET ADDRESS 709B W VENICE AVE	CITY-ST-ZIP VENICE, FL 34285			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 			<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 			<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 			<input type="checkbox"/> Delete	
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 exemptions contained 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 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: Wayne Stanek VP				2-13-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
944-484-1474				Daytime Phone #	