

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90085 043 \*\*\*\*61.25

**DOCUMENT # 712614**

1. Entity Name  
VENICE TOWN HOUSE, INC.



Principal Place of Business

SANDI RAASCH, E.A.  
406 GIOVANNI DR  
NOKOMIS, FL 34275

Mailing Address

406 GIOVANNI DR  
NOKOMIS, FL 34275

**DO NOT WRITE IN THIS SPACE**

04232008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-1323671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAASCH, SANDI E.A.  
406 GIOVANNI DR  
NOKOMIS, FL 34275

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IN THIS SPACE**

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

Signature (word or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STARK, SUSAN
STREET ADDRESS	705B W VENICE AVE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	STD
NAME	DAVIS, JUDY
STREET ADDRESS	707B W VENICE AVE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	VPD
NAME	STANEK, WAYNE
STREET ADDRESS	709B W VENICE AVE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WAYNE T. STANEK 4-24-08

941-484-1474