

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:09

DOCUMENT # **714445** (4)

1. Corporation Name

**SOUTH COUNTY CONDOMINIUM AND APARTMENT ASSOCIATION OF VENICE, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
P.O. BOX 275 VENICE FL 34284-7275

3. Date Incorporated or Qualified **04/16/1968** 3a. Date of Last Report **06/23/1994**  
4. FEI Number **59-1643165** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**MOORE, ROBERT L.  
227 NOKOMIS AVENUE  
VENICE FL 34285**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Robert L. Moore* DATE **3/8/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	V. L. BUD MILLER
STREET ADDRESS	333 ESPLANADE, N.
CITY-ST-ZIP	VENICE FL
TITLE	VPD
NAME	HUGHES, DAVID G.
STREET ADDRESS	999 INLET CIRCLE RD.202B
CITY-ST-ZIP	VENICE, FL 00000
TITLE	VPD
NAME	RIALL, CHARLES
STREET ADDRESS	1200 TARPON CENTER DR108
CITY-ST-ZIP	VENICE, FL 00000
TITLE	TD
NAME	LA RUE, DICK
STREET ADDRESS	627 ALHAMBRA RD 402E
CITY-ST-ZIP	VENICE, FL 00000
TITLE	PD
NAME	MORROW, JAMES
STREET ADDRESS	627 ALHAMBRA RD104E
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	SD
NAME	BEAGLEY, DONNA
STREET ADDRESS	027 ALHAMBRA RD 1001E
CITY-ST-ZIP	VENICE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHIL KORWEK	
1.3 STREET ADDRESS	320 PARK BLVD. N.	
1.4 CITY-ST-ZIP	VENICE, FL. 34285	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARRY CASE	
2.3 STREET ADDRESS	709 IRONWOOD DR.	
2.4 CITY-ST-ZIP	VENICE, FL. 34292	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dick La Rue* TREASURER FEB. 15, 1995 485-5869  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**DICK LA RUE**