

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714879

FILED
Apr 15, 2009
Secretary of State

Entity Name: VENETIAN ISLE, INC.

Current Principal Place of Business:

4000 GULF SHORE BLVD. N.
NAPLES, FL 339403428

New Principal Place of Business:

Current Mailing Address:

C/O MELDON CONSULTANTS
4949 TAMiami TrL N. STE 201
NAPLES, FL 341033017

New Mailing Address:

FEI Number: 59-1738781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, WILLIAM S.
C/O MELDON CONSULTANTS
4949 TAMiami TrL N. STE 201
NAPLES, FL 341033017 US

Name and Address of New Registered Agent:

MOORE, WILLIAM S.
C/O MELDON CONSULTANTS
4949 TAMiami TrL N. STE 201
NAPLES, FL 341033017 US

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: WILLIAM S. MOORE

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: KLOBE, ARTHUR H
Address: 4000 GULF SHORE BLVD. N. #3300
City-St-Zip: NAPLES, FL 34103

Title: DVP () Delete
Name: MERZ, DONALD
Address: 4000 GULF SHORE BLVD N #2800
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: FINNEGAN, BLAIR
Address: 4000 GULF SHORE BLVD NORTH #1800
City-St-Zip: NAPLES, FL 34103

Title: DS () Delete
Name: COUTURE, JOHANNA
Address: 4000 GULF SHORE BLVD N. #1700
City-St-Zip: NAPLES, FL 34103

Title: DP () Delete
Name: RUST, FREDRIC
Address: 4000 GULF SHORE BLVD N. #2700
City-St-Zip: NAPLES, FL 34103

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: () 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: FREDRIC RUST

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date