

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90254 002 ****61.25

DOCUMENT # 721169

1. Entity Name

**CIRCLE WOODS OWNERS ASSOCIATION, INC. OF
VENICE**



Principal Place of Business

**700 CIRCLEWOOD DRIVE, THE CLUBHOUSE
VENICE FL 34293**

Mailing Address

**700 CIRCLEWOOD DRIVE, THE CLUBHOUSE
VENICE FL 34293**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1577217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AUSTIN, LELAND & ROBERT FREY
362 588 CIRCLEWOOD DRIVE
VENICE FL 34293**

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

Robert Frey

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

3/17/06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FREY, ROBERT
STREET ADDRESS 362 CIRCLEWOOD DR
CITY-ST-ZIP VENICE FL 34293

TITLE VPD ☐ Delete
NAME AUSTIN, LELAND, SUPERVISOR, TILIO
STREET ADDRESS 588 CIRCLEWOOD DR 319 Circlewood Dr.
CITY-ST-ZIP VENICE FL 34293

TITLE T ☐ Delete
NAME GIAMISO, JOSEPH
STREET ADDRESS 332 CIRCLEWOOD DR
CITY-ST-ZIP VENICE FL 34293

TITLE S ☐ Delete
NAME ROBERT WITTE
STREET ADDRESS MARABO, MARY LOU
CITY-ST-ZIP 72 CIRCLEWOOD DR 364 Circlewood Dr.
VENICE FL 34293

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert Frey

3/17/06