

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721503

FILED
Jul 08, 2007
Secretary of State

Entity Name: VENETIAN ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1911 KENTUCKY AVE NE
ST. PETERSBURG, FL 33703 US

New Principal Place of Business:

P. O. BOX 7033
ST. PETERSBURG, FL 33734 US

Current Mailing Address:

1911 KENTUCKY AVE NE
ST. PETERSBURG, FL 33703 US

New Mailing Address:

P. O. BOX 7033
ST. PETERSBURG, FL 33734 US

FEI Number: 23-7248569 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POSNER, WALTER A
1911 KENTUCKY AVE NE
SAINT PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PELLETIER, JIM PRES.
Address: 2032 KANSAS AVE NE
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: TREA () Delete
Name: POSNER, WALT TREAS.
Address: 1911 KENTUCKY AVE NE
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: JOHNSON, BOB V PRES.
Address: 1935 KANSAS AVENUE, NE
City-St-Zip: SAINT PETERSBURG, FL 33703

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: WALT POSNER

TREA

07/08/2007

Electronic Signature of Signing Officer or Director

Date