

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721503

FILED  
Jan 06, 2008  
Secretary of State

**Entity Name:** VENETIAN ISLES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 23-7248569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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:**

POSNER, WALTER A TREAS  
1911 KENTUCKY AVE NE  
SAINT PETERSBURG, FL 33703 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: WALTER A. POSNER

01/06/2008

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TREA (X) Change ( ) Addition  
Name: POSNER, WALTER A TREAS.  
Address: 1911 KENTUCKY AVE NE  
City-St-Zip: ST PETERSBURG, FL 33703 US

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: WALTER A. POSNER

TREA

01/06/2008

Electronic Signature of Signing Officer or Director

Date