

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725644

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: VENETIAN MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

335 NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL 321695242

**New Principal Place of Business:**

**Current Mailing Address:**

335 NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL 321695242

**New Mailing Address:**

FEI Number: 59-1479913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAAS, CAROL  
335 N CAUSEWAY F25  
NEW SMYRNA BEACH, FL 32169 US

**Name and Address of New Registered Agent:**

MANGINE, LOIS  
335 N CAUSEWAY C24  
NEW SMYRNA BEACH, FL 32169 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: LOIS MANGINE

03/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DAS ( ) Delete  
Name: VOGEL, BARBARA  
Address: 335 N CAUSEWAY #3  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DP ( ) Delete  
Name: HAAS, CAROL  
Address: 335 N CAUSEWAY F25  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DT ( ) Delete  
Name: GIANNINI, ELAINE  
Address: 335 N CAUSEWAY A24  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DVP ( ) Delete  
Name: WEBB, LORETTA  
Address: 355 N CAUSEWAY G23  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DS ( ) Delete  
Name: LOIS, MANGINE  
Address: 335 N CAUSEWAY C24  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

Title: DAS (X) Change ( ) Addition  
Name: VOGEL, BARBARA  
Address: 335 N CAUSEWAY #H3  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DP (X) Change ( ) Addition  
Name: MANGINE, LOIS  
Address: 335 N CAUSEWAY C24  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

Title: DVP (X) Change ( ) Addition  
Name: SEIBEL, EDGAR  
Address: 355 N CAUSEWAY B24  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DS (X) Change ( ) Addition  
Name: O'BRIEN, MICHAEL  
Address: 335 N CAUSEWAY H25  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: ELAINE GIANNINI

DT

03/28/2009

Electronic Signature of Signing Officer or Director

Date