

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90041 006 \*\*\*\*61.25

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<b>DOCUMENT # 727112</b> 1. Entity Name <b>VENUS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>885 SANTA ROSA BLVD. FT. WALTON BEACH, FL 32548</b>			Mailing Address <b>P.O. BOX 1539 FT. WALTON BEACH, FL 32549-1539 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1518528</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOURLEY, WARREN N. 50 BEAL PKWY ST STE 2 FT. WALTON BEACH, FL 32548</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOURLEY, JOANNA		NAME		
STREET ADDRESS	9 CONTRY CLUB DR E		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COTTEN, DONA		NAME		
STREET ADDRESS	1468 SOUND RETREAT DR		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARBONI, GINO		NAME		
STREET ADDRESS	109 ENDGATE LN		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, TX 78231		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, RICHARD A		NAME		
STREET ADDRESS	520 ONTPELIER CT		STREET ADDRESS		
CITY-ST-ZIP	COVINGTON, KY 41011		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLEMING, STEVE		NAME		
STREET ADDRESS	401 BRIDGEPOINT LN		STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK, GA 30189		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Joanna S. Gourley (Joanna S. Gourley)</u> <u>4-1-07</u> <u>850-654-0013</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					