


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 729098 1. Entity Name VENICE PARK HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 101 PARK BLVD SOUTH VENICE, FL 34285	Mailing Address 101 PARK BLVD SOUTH VENICE, FL 34285 US
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DO NOT WRITE IN THIS SPACE

02042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1529212	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOLTGREIVE, ROBERT J 101 PARK BLVD. SOUTH UNIT 101 VENICE, FL 34285

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GEORGE, BARBARA 101 PARK BLVD SOUTH #304 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES DOWD, MICHAEL 101 PARK BLVD S OUTH (UNIT 303) VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. MCLAREN, NATALIE 101 PARK BLVD SOUTH (UNIT 107) VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HOLTGREIVE, ROBERT J 101 PARK BLVD S (UNIT 101) VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. HAMILTON, MARIE 101 PARK BLVD S (UNIT 307) VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. HALPEN, LAURA 101 PARK BLVD S. (UNIT 115) VENICE, FL 34285

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02/20/08-80018-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Robert J Holtgreive ROBERT HOLTGREIVE 2/7/08 480-9068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #