

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90027 038 ****61.25

DOCUMENT # 729286 1. Entity Name VILLA VENYCE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2815 VENETIAN GON P.O. BOX 681 GULF BREEZE, FL 32562 US		Mailing Address 974 AQUAMARINE DRIVE P.O. BOX 681 GULF BREEZE, FL 32562 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 959 GONDOLIER BLVD Suite, Apt. #, etc.	
City & State GULF BREEZE, FL		City & State GULF BREEZE, FL	
Zip 32563	Country USA	4. FEI Number 59-2355758	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent EDLUND, GEORGE D JR 2815 VENETIAN GON GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.</small>		DATE 30 MAR 2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TD NAME EDLUND, GEORGE JR STREET ADDRESS 2815 VENETIAN GON CITY-ST-ZIP GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE PD NAME DENNIS READ STREET ADDRESS 959 GONDOLIER BLVD CITY-ST-ZIP GULF BREEZE, FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME PROVOSTY, MICHELO JR STREET ADDRESS 953 AQUAMARINE DRIVE CITY-ST-ZIP GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete	TITLE VD NAME MATT CIBULA STREET ADDRESS 2809 VENETIAN GARDEN CITY-ST-ZIP GULF BREEZE, FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME STILLMAN, STUART STREET ADDRESS 1035 CORONADO DR CITY-ST-ZIP GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 30 MAR 2008 Daytime Phone # 850 932 0138	