

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729411 (9)

1. Corporation Name
VENETIAN COVE CLUB, INC.



Principal Place of Business: 3500 GULF SHORE BLVD., N NAPLES FL 33940
Mailing Address: 3500 GULF SHORE BLVD., N NAPLES FL 33940

3. Date Incorporated or Qualified: 04/18/1974
3a. Date of Last Report: 02/20/1995
4. FEI Number: 59-1673835
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
POLLARD, FRANK
3500 GULF SHORE BLVD NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when making change.

12. OFFICERS AND DIRECTORS		
TITLE	S - D	<input type="checkbox"/> DELETE
NAME	THORNTON, GEORGETTE	
STREET ADDRESS	3500 GULF SHORE BLVD., N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MAERK, NORMA	
STREET ADDRESS	3500 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, TED	
STREET ADDRESS	3500 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARR, PETER	
STREET ADDRESS	3500 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	REINHART, DARREL	
STREET ADDRESS	3500 GULF SHORE BLVD., N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'DAY, ROY	
STREET ADDRESS	3500 GULF SHORE BLVD., N.	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP	800001770618	
21 TITLE	-04/05/96--01032--009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	***70.00	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SMITH, E. L.	
33 STREET ADDRESS	3500 GULF SHORE BLVD N	
34 CITY-ST-ZIP	NAPLES, FL	
41 TITLE	T - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	CARR, PETER	
43 STREET ADDRESS	3500 GULF SHORE BLVD N	
44 CITY-ST-ZIP	NAPLES, FL	
51 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	SWANSON, ROLLIN	
53 STREET ADDRESS	3500 GULF SHORE BLVD N	
54 CITY-ST-ZIP	NAPLES, FL	
61 TITLE	V - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	O'DAY, ROY	
63 STREET ADDRESS	3500 GULF SHORE BLVD N	
64 CITY-ST-ZIP	NAPLES, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 941-262-2336
Date Daytime Phone #

CR2E037 (12/95)