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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729411

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/18/1974	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-1673835	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POLLARD, FRANK 3500 GULF SHORE BLVD NORTH NAPLES FL 33940				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	P
NAME	JOHNSTON, MARJORIE	1.2 NAME	JOHNSTON, MARJORIE
STREET ADDRESS	3500 GULF SHORE BLVD N	1.3 STREET ADDRESS	3500 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL
TITLE	TD	2.1 TITLE	
NAME	WEST, CHARLES	2.2 NAME	
STREET ADDRESS	3500 GULF SHORE BLVD N	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	STERN, ROBERT	3.2 NAME	
STREET ADDRESS	3500 GULF SHORE BLVD N	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	SD
NAME	FERGUSEN, JAMES	4.2 NAME	FERGUSON, JAMES
STREET ADDRESS	3500 GULF SHORE BLVD., N.	4.3 STREET ADDRESS	3500 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES, FL
TITLE	P	5.1 TITLE	D
NAME	BILLMAN, EDWARD	5.2 NAME	CARR, PETER
STREET ADDRESS	3500 GULF SHORE BLVD N	5.3 STREET ADDRESS	3500 GULF SHORE BLVD N.
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	NAPLES, FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Katherine Harris* 2/11/99 941-262-2336
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)