

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729411

FILED
Apr 30, 2009
Secretary of State

Entity Name: VENETIAN COVE CLUB, INC.

Current Principal Place of Business:

4306 ARNOLD AVENUE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 110339
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-1673835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVE.
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAHN, REG
Address: 3500 GULF SHORE BLVD N #604
City-St-Zip: NAPLES, FL 34012

Title: D () Delete
Name: SHAMBEAU, STEVE
Address: 3500 GULF SHORE BLVD N #202
City-St-Zip: NAPLES, FL 34102

Title: DT () Delete
Name: AFFINITO, LILYAN
Address: 3500 GULF SHORE BLVD N #504
City-St-Zip: NAPLES, FL 34102

Title: DS () Delete
Name: ANGELBECK, ED
Address: 3500 GULF SHORE BLVD N #203
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: REBER, DEAN
Address: 3500 GULF SHORE BLVD N. #410
City-St-Zip: NAPLES, FL 34102

Title: DVP () Delete
Name: IANETTA, JOHN
Address: 3500 GULF SHORE BLVD. N. #509
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REG HAHN

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date