

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729411

FILED
Apr 20, 2012
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
Name: BLINN, THOMAS
Address: 3500 GULF SHORE BLVD N #609
City-St-Zip: NAPLES, FL 34012

Title: DS
Name: ANGELBECK, ED
Address: 3500 GULF SHORE BLVD N #206
City-St-Zip: NAPLES, FL 34102

Title: DT
Name: STROME, WILLIAM
Address: 3500 GULF SHORE BLVD N #310
City-St-Zip: NAPLES, FL 34102

Title: DVP
Name: MURPHY, ROSE
Address: 3500 GULF SHORE BLVD N #505
City-St-Zip: NAPLES, FL 34102

Title: D
Name: FERGUSON, JAMES
Address: 3500 GULF SHORE BLVD N. #302
City-St-Zip: NAPLES, FL 34102

Title: D
Name: LIFLAND, JOHN
Address: 3500 GULF SHORE BLVD. N. #208
City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: TOM BLINN

P

04/20/2012

Electronic Signature of Signing Officer or Director

Date