

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

55 MAR 14 PM 4:22

DOCUMENT # 730080 (9)
1. Corporation Name
VILLAS OF VENICE, INC. CONDOMINIUM ASSOCIATION

Principal Place of Business Mailing Address
908 VILLAS DR 908 VILLAS DRIVE
VENICE FL 34285 VENICE FL 34285
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/27/1974 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1552715 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KURECKI, JOE
1236 NANTUCKET RD
VENICE FL 34293

81 Name Esposti, Marcello
82 Street Address (P.O. Box Number is Not Acceptable) 908 Villas Dr.
83
84 City Venice FL 85 Zip Code 34285

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Marcello Esposti*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME RADFELD, LEE
STREET ADDRESS 908 VILLAS DR., #46
CITY-ST-ZIP VENICE FL
TITLE TD
NAME PAGLIARONI, TRUDY
STREET ADDRESS 6800 BOULEVARD, EAST, UNIT 20F
CITY-ST-ZIP WEST NEW YORK NJ
TITLE PD
NAME FRIEDMAN, MARILYN
STREET ADDRESS 1372 LUDDINGTON RD.
CITY-ST-ZIP EAST MEADOW, NY 0
TITLE SD
NAME KURECKI, JOE
STREET ADDRESS 1236 NANTUCKET RD
CITY-ST-ZIP S VENICE FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME President
1.3 STREET ADDRESS Turner, Kenneth
1.4 CITY-ST-ZIP 5959 Palmer Blvd,
Sarasota, FL 34232
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Vice President
2.3 STREET ADDRESS Welgle, Clarence
2.4 CITY-ST-ZIP 3015 Exeter Rd,
Greenburg, PA 15601
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Secretary
3.3 STREET ADDRESS Esposti, Marcello
3.4 CITY-ST-ZIP 908 Villas Dr.
Venice, FL
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Treasurer
4.3 STREET ADDRESS Stoyke, Heinz E. K.
4.4 CITY-ST-ZIP 284 Mapledene Dr.
Ancaster, Ontario, Canada L9G2K2
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

800001431398

-03/16/95--0100 Change 00 01 Addition

***130.00 ***130.00

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCELLO ESPOSTI

1-30-95 813-4860683

2W 3-14-95