

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 # 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
US

284 MAPLEDENE DR CANADA
908 VILLAS DRIVE
VENICE FL 34285

3. Date Incorporated or Qualified

06/27/1974

3a. Date of Last Report

03/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1552715

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESPOSTI, MARCELLO
908 VILLAS DRIVE
VENICE FL 34285**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TURNER, KENNETH	
STREET ADDRESS	5959 PALMER BLVD.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VPD	☐ DELETE
NAME	WEIGLE, CLARENCE	
STREET ADDRESS	3015 EXTER ROAD	
CITY-ST-ZIP	GREENBURG PA 15601	
TITLE	SD	☐ DELETE
NAME	ESPOSITO, MARCELLO	
STREET ADDRESS	908 VILLAS DRIVE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	TD	☐ DELETE
NAME	STOYKE, HEINZ E.K.	
STREET ADDRESS	284 MAPLEDENE DRIVE	
CITY-ST-ZIP	ANCASTER, ONTARIO CA L9G2K-2	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: K.E. Turner **K.E. TURNER** PRES 4/2/96 941.371.2743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)