2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90559 015 ****61.25

DOCUMENT # 730080

1. Entity Name
VILLAS OF VENICE, INC. CONDOMINIUM ASSOCIATION

Principal Place of Business	Mailing Address
LIGHTHOUSE MANAGEMENT 16 CHURCH STREET OSPREY, FL 34229 US	16 CHURCH STREET OSPREY, FL 34229 US

04042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
899 Woodbridge DR.	899 Woodbridge DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VENICE, FL	City & State: VENICE, FL
Zip: 34293 Country:	Zip: 34293 Country:

4. FEI Number 59-1552715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SZYMANSKI, BERNARD
VILLAS OF VENICE CONDO ASSOC.
~~16 CHURCH STREET~~
~~OSPREY, FL 34229~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 899 Woodbridge DR.

City: VENICE FL Zip Code: 34293

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: William M. Lam 4/8/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRODZICKI, GARRY 908 VILLAS DR #18 VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ESPOSTI, MARCELLO 899 WOODBRIDGE DR VENICE, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WELSH, ROBERT 908 VILLAS DRIVE #73 VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLIFFORD, JIM D 899 Woodbridge DR. VENICE, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROWDEN, MARGY 908 VILLAS DR #9 VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROWDEN, MARGY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MUELLER, MIKE 5082 WILLIAMS ROAD HARTFORD, WI 53027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRODZICKI, JERRY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARZ, JOHN 908 VILLAS DR #2 VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELSH, ROBERT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SZYMANSKI, BERNARD 6354 SCORPIO RD NORTH PORT, FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SZYMANSKI, BERNARD 899 WOODBRIDGE DR VENICE, FL 34293	☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernard Szymanski 11-13-05 941-493-0287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #