
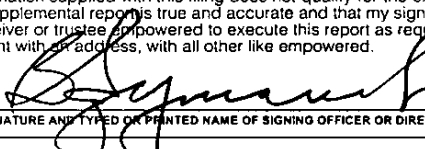


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90348 047 ****61.25

DOCUMENT # 730080 1. Entity Name VILLAS OF VENICE, INC. CONDOMINIUM ASSOCIATION					
Principal Place of Business 899 WOODBRIDGE DR VENICE, FL 34293 US			Mailing Address 899 WOODBRIDGE DR VENICE, FL 34293 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1552715	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SZYMANSKI, BERNARD 899 WOODBRIDGE DR VENICE, FL 34293				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRODZICKI, GARRY		NAME	PD MUENNER MIKE	
STREET ADDRESS	908 VILLAS DR #18		STREET ADDRESS	908 VILLAS DR, #31	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	VENICE, FL 34285	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WELSH, ROBERT		NAME	GRODZICKI, DAVID	
STREET ADDRESS	908 VILLAS DRIVE #73		STREET ADDRESS	908 VILLAS DR, #18	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	VENICE, FL 34285	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROWDEN, MARGY		NAME	D DISSO DICICCO, SABATO	
STREET ADDRESS	908 VILLAS DR #9		STREET ADDRESS	908 VILLAS DR, #52	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	VENICE, FL 34285	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODZICKI, JERRY		NAME	VPD GRODZICKI, JERRY	
STREET ADDRESS	5082 WILLIAMS ROAD		STREET ADDRESS	HARTFORD, WI 53027	
CITY-ST-ZIP	HARTFORD, WI 53027		CITY-ST-ZIP	VENICE, FL 34285	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WELSH, ROBERT		NAME	D RADFIELD, PENNY	
STREET ADDRESS	908 VILLAS DR #2		STREET ADDRESS	908 VILLAS DR, #25	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	VENICE, FL 34285	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SZYMANSKI, BERNARD		NAME	BERNARD SZYMANSKI	
STREET ADDRESS	899 WOODBRIDGE DR		STREET ADDRESS	211 ALLIGATOR DR.	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE, FL 34293	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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, 4-11-06 441-443-0287		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		