2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State
03-29-2007 90015 005 ****61.25

DOCUMENT # 730080

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

Principal Place of Business	Mailing Address
899 WOODBRIDGE DR VENICE, FL 34293 US	899 WOODBRIDGE DR VENICE, FL 34293 US

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02282007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / 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~~ Erin Lafountain
c/o Advanced Management, Inc
899 WOODBRIDGE DR
VENICE, FL 34293

7. Name and Address of New Registered Agent

Name Advanced Management, Inc
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 Erin Lafountain
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, 2007

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	PD MUELLER, MIKE 908 VILLAS DR #31 VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D URBAN, BELA 908 VILLAS DR, #5 VENICE, FL 34285	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRODZICKI, DAVID 908 VILLAS DR #18 VENICE, FL 34285	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROWDEN, MARGY 908 VILLAS DR, #9 VENICE, FL 34285	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DICICCI, SABATO 908 VILLAS DR #52 VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DICICCI, SABATO	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GRODZICKI, JERRY 5082 WILLIAMS ROAD HARTFORD, WI 53027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESPOSTI, MARCELLO 908 VILLAS DR, #6 VENICE, FL 34285	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RADEFELD, PENNY 908 VILLAS DR #25 VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RADEFELD, PENNY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SZYMANSKI, BERNARD 211 ALLIGATOR RD VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: Bela Urban 3/26/07 941 486 1373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #