


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90061 031 \*\*\*\*61.25

<b>DOCUMENT # 730080</b> 1. Entity Name <b>VILLAS OF VENICE, INC. CONDOMINIUM ASSOCIATION</b>					
Principal Place of Business <b>899 WOODBRIDGE DR VENICE, FL 34293 US</b>				Mailing Address <b>899 WOODBRIDGE DR VENICE, FL 34293 US</b>	
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 <b>59-1552715</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ADVANCED MANAGEMENT, INC 899 WOODBRIDGE DR VENICE, FL 34293</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUELLER, MIKE 908 VILLAS DR #31 VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEDRICH, MELVIN 908 VILLAS DR #22 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWDEN, MARGY 908 VILLAS DR #9 VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URBAN, BELA 908 VILLAS DR, #5 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICICCI, SABATO 908 VILLAS DR #52 VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICICCO, SABATO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPOSITI, MARCELLO 958 VILLAS DR, #6 VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNE, JOHN 908 VILLAS DR, #29 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADFIELD, PENNY 908 VILLAS DR #25 VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRISWOLD, MARY ANN 908 VILLAS DR, #41 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SZYMANSKI, BERNARD 211 ALLIGATOR RD VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SZYMANSKI, BERNARD
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.					
<b>SIGNATURE:</b> <u>Bela Urban</u> <b>2/8/08 941-499-0289</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					