

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734581

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: VENETIAN PARK ASSOCIATION, INC.

**Current Principal Place of Business:**

LOT 17  
PUBLIC RECORDS OF VOLUSIA COUNTY  
DAYTONA BCH, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

122 VENETIAN WAY  
DAYTONA BCH, FL 32127 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUCAS, PAMELA  
122 VENETIAN WAY  
DAYTONA BCH, FL 32127 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LUCAS, PAMELA  
Address: 122 VENETIAN WAY  
City-St-Zip: PORT ORANGE, FL 32127

Title: VP ( ) Delete  
Name: BARBER, NANCY  
Address: 3846 CARDINAL BLVD  
City-St-Zip: PORT ORANGE, FL 32127

Title: ST ( ) Delete  
Name: STAIR, LARRY W  
Address: 122 VENETIAN WAY  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: BARBER, NANCY  
Address: 3846 CARDINAL BLVD  
City-St-Zip: PORT ORANGE, FL 32127

Title: VP (X) Change ( ) Addition  
Name: COX, MARILYNN  
Address: 110 VENETIAN WAY  
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM LUCAS

PRES

04/10/2008

Electronic Signature of Signing Officer or Director

Date