



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 734842 1. Entity Name VENETIAN PARK CONDOMINIUM I ASSOCIATION, INC.	
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Principal Place of Business 915 NE 24 AVE HALLANDALE, FL 33009 US	Mailing Address 915 NE 24 AVE HALLANDALE, FL 33009 US
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DO NOT WRITE IN THIS SPACE


01072008 No Chg-NP CR2E037 (4/06)
4. FEI Number
59-1769384
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
SCHNEIDER, IRWIN
915 NE 24 AVE
HALLANDALE, FL 33009

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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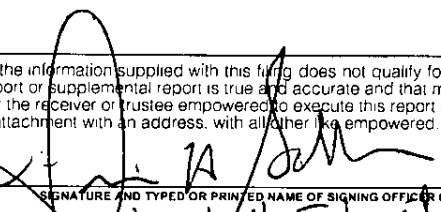
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHNEIDER, IRWIN 915 NE 24 AVE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLAIRE, MARTIN 608 NE 25 AVE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDMAN, VICKI 2308 NE 7 ST HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUFFINGTON, KEVIN 2307 NE 7 ST HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENTARO, RON 612 NE 25 AVENUE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000839693
03/06/08-80016-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/18/08 Daytime Phone #: 954 456 8059