2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# 734842

Entity Name: VENETIAN PARK CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

915 NE 24 AVE
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

915 NE 24 AVE
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 59-1769384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, IRWIN
915 NE 24 AVE
HALLANDALE, FL 33009 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: PD ( ) Delete
Name: SCHNEIDER, IRWIN
Address: 915 NE 24 AVE
City-St-Zip: HALLANDALE, FL 33009

Title: VPD ( ) Delete
Name: CLAIRE, MARTIN
Address: 608 NE 25 AVE
City-St-Zip: HALLANDALE, FL 33009

Title: SD ( ) Delete
Name: GOLDMAN, VICKI
Address: 2308 NE 7 ST
City-St-Zip: HALLANDALE, FL 33009

Title: TD ( ) Delete
Name: BUFFINGTON, KEVIN
Address: 2307 NE 7 ST
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete
Name: CENTARO, RON
Address: 612 NE 25 AVENUE
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: IRWIN SCHNEIDER PD 02/10/2009

Electronic Signature of Signing Officer or Director — Date