

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734843 (6)
1. Corporation Name
VENETIAN PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
**001 NE 25TH AVE
HALLANDALE FL 33009** **001 NE 25TH AVE
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/23/1976** 3a. Date of Last Report **03/08/1994**
4. FEI Number **59-1769383** Applied For ☐
Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**GOYNIAS, AL
2307 NE 7TH ST
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent
81 Name **CARL EISDORFER**
82 Street Address (P.O. Box Number is Not Acceptable) **814 N.E. 25th Avenue**
83 **Hallandale, FL. 33009**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Carl Eisdorfer*
(Signatures, typed or printed name of registered agent and title if applicable.)

March 6-1995.
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CUTLER, DAVE	1.2 NAME	
STREET ADDRESS	931 NE 24TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MONTANA, AL	2.2 NAME	
STREET ADDRESS	2214 NE 7 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☒ Change ☐ Addition
NAME	GOYNIAS, AL	3.2 NAME	
STREET ADDRESS	2307 NE 7TH ST	3.3 STREET ADDRESS	CARL EISDORFER
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	814 N.E. 25th Avenue
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	MILLER, LARRY	4.2 NAME	V.P.
STREET ADDRESS	2208 NE 11TH ST	4.3 STREET ADDRESS	BERNARD KASHENBERG
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	934 N.E. 24th Avenue
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	EISDORFER, CARL	5.2 NAME	T
STREET ADDRESS	814 NE 25TH AVE	5.3 STREET ADDRESS	PAUL LIBOVITZ
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	913 N.E. 24th Ave.
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **BERNARD KASHENBERG-V.P.** *B Kashenberg*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Mar. 6-95 305-836-3111

Date Daytime Phone #