

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business Mailing Address
801 NE 25TH AVE 801 NE 25TH AVE
HALLANDALE FL 33009 HALLANDALE FL 33009

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

3. Date Incorporated or Qualified 01/23/1976 3a. Date of Last Report 03/15/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EISDORFER, CARL
814 N.E. 25TH AVENUE
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name HOLZMAN AARON
82 Street Address (P.O. Box Number is Not Acceptable) 945 NE 24th Ave
83
84 City Hallandale FL 85 Zip Code 33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

Feb 8/96

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME CUTLER, DAVE
STREET ADDRESS 931 NE 24TH AVE
CITY-ST-ZIP HALLANDALE FL
TITLE D ☐ DELETE
NAME MONTANA, AL
STREET ADDRESS 2214 NE 7 ST
CITY-ST-ZIP HALLANDALE FL
TITLE T ☒ DELETE
NAME LIBOVITZ, PAUL
STREET ADDRESS 913 N.E. 24TH AVE.
CITY-ST-ZIP HALLANDALE FL
TITLE VP ☒ DELETE
NAME KASHENBERG, BERNARD
STREET ADDRESS 934 N.E. 24TH AVENUE
CITY-ST-ZIP HALLANDALE FL
TITLE P ☒ DELETE
NAME EISDORFER, CARL
STREET ADDRESS 814 NE 25TH AVE
CITY-ST-ZIP HALLANDALE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition PRESIDENT
1.2 NAME HOLZMAN AARON
1.3 STREET ADDRESS 945 NE 24th Ave
1.4 CITY-ST-ZIP Hallandale - FL - 33009
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition VICE-President
3.2 NAME RABIN ARNOLD
3.3 STREET ADDRESS 1006 NE 24th Ave
3.4 CITY-ST-ZIP Hallandale Fla 33009
4.1 TITLE ☒ Change ☐ Addition TREASURER
4.2 NAME LOMBARDI MAMIE
4.3 STREET ADDRESS 2302 NE 7th ST
4.4 CITY-ST-ZIP Hallandale Fla 33009
5.1 TITLE ☒ Change ☐ Addition SECT
5.2 NAME LABOMBARDI THOMAS
5.3 STREET ADDRESS 818 NE 25th Ave
5.4 CITY-ST-ZIP Hallandale Fla 33009
6.1 TITLE 70000176914
6.2 NAME -04/04/96--01044--001
6.3 STREET ADDRESS ***70.00
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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB-8 1996

Date

Daytime Phone #

954-456-6950

CR2E037 (12/95)

954-456-6950