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FILED

Feb 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

801 NE 25TH AVE  
HALLANDALE FL 33009

Mailing Address

801 NE 25TH AVE  
HALLANDALE FL 33009-2811



3. Date Incorporated or Qualified  
01/23/1976

3a. Date of Last Report  
04/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

10. Name and Address of New Registered Agent

HOLZMAN, AARON  
945 NE 24TH AVENUE  
HALLANDALE FL 33009

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOLZMAN, AARON	
STREET ADDRESS	945 NE 24TH AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MONTANA, AL	
STREET ADDRESS	2214 NE 7 ST	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RABIN, ARNOLD	
STREET ADDRESS	1006 N.E. 24TH AVE.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LOMBARDI, MAMIE	
STREET ADDRESS	2302 NE 7TH ST.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	LABOMBARDA, THOMAS	
STREET ADDRESS	818 NE 25TH AVE.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHNEIDER, IRWIN	
1.3 STREET ADDRESS	915 NE 24 AVE	
1.4 CITY-ST-ZIP	HALLANDALE FL 33009	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PHILIP SENNA	
2.3 STREET ADDRESS	2202 NE 11 ST	
2.4 CITY-ST-ZIP	HALLANDALE FL 33009	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALEX RACZ	
3.3 STREET ADDRESS	2216 NE 7 ST	
3.4 CITY-ST-ZIP	HALLANDALE FL 33009	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AL TRAPANESE	
4.3 STREET ADDRESS	814 NE 25 AVE	
4.4 CITY-ST-ZIP	HALLANDALE FL 33009	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MILLER JOHNSON	
5.3 STREET ADDRESS	932 N.E. 25 AVE.	
5.4 CITY-ST-ZIP	HALLANDALE FL 33009	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRWIN H. SCHNEIDER  
2/11/97 954-456-6950  
Date Daytime Phone # 0022574

CR2E037 (9/96)