

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734843 (6)**  
1. Corporation Name  
**VENETIAN PARK HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>601 NE 25TH AVE HALLANDALE FL 33009</b>	Mailing Address <b>601 NE 25TH AVE HALLANDALE FL 33009</b>
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3. Date Incorporated or Qualified  
**01/23/1976**

4. FEI Number <b>59-1769383</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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. Is this nonprofit corporation a homeowners association?  
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
**HOLZMAN, AARON  
945 NE 24TH AVENUE  
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent  
**81 Name SCHNEIDER, IRWIN  
82 Street Address (P.O. Box Number Is Not Acceptable) 915 N.E. 24th AVE  
83 HALLANDALE FL  
84 City FL 85 Zip Code 33009**

11. Pursuant to the provisions of Sections 617.0402 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]* (NOTE: Registered Agent signature required when reinstating) DATE **Mar 11/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, IRWIN	1.2 NAME	
STREET ADDRESS	915 NE 24 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENN, PHILLIP	2.2 NAME	
STREET ADDRESS	2202 NE 11 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAEZ, ALEX	3.2 NAME	
STREET ADDRESS	2216 NE 7TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAPANESE, AL	4.2 NAME	
STREET ADDRESS	814 NE 25 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MILLER	5.2 NAME	
STREET ADDRESS	932 NE 25 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Vice President  
**JOHNSTON, MILLAR  
932 N.E. 25th AVE  
HALLANDALE FL 33009**

TREASURER - DIRECTOR  
**RAEZ ALEX  
2216 N.E. 7th st HALLANDALE FL 33009**

SECRETARY - DIRECTOR  
**CHIZEN, DAVID  
2411 NE 9th ST  
HALLANDALE FL 33009**

DIRECTOR  
**CHRISTENSEN, CARL  
2216 NE 11th ST  
HALLANDALE FL 33009**

14. I 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 recorder 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]* President **Feb 26/98 954-456-6950**

CR2E037 (10/97)