


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90096 021 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
---	---	--

**DOCUMENT # 734843**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/23/1976

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

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

**VICKI L GOLDMAN**

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

**2308 NE 7 STREET**

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

*[Signature]*  
 (NOTE: Registered Agent signature required when reinstating)

DATE

**2/12/99**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
 NAME **SCHNEIDER, IRWIN**  
 STREET ADDRESS **915 NE 24 AVE**  
 CITY-ST-ZIP **HALLANDALE FL**

TITLE **VP** ☐ DELETE  
 NAME **JOHNSTON, MILLAR**  
 STREET ADDRESS **8932 N.E. 25TH AVE**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **TD** ☐ DELETE  
 NAME **RAEZ, ALEX**  
 STREET ADDRESS **2216 NE 7TH ST**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **SD** ☐ DELETE  
 NAME **CHIZEM. DAVID**  
 STREET ADDRESS **2411 NE 9TH ST**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ DELETE  
 NAME **CHRISTENSEN, CARL**  
 STREET ADDRESS **2216 NE 11TH ST**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition  
 1.2 NAME **VICKI L. GOLDMAN**  
 1.3 STREET ADDRESS **2308 NE 7 ST.**  
 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  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition  
 5.2 NAME **PAUL SENA**  
 5.3 STREET ADDRESS **2202 NE 11 ST.**  
 5.4 CITY-ST-ZIP **HALLANDALE, FL 33009**

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/99**  
 Date

**954-456-5992**  
 Daytime Phone #

CR2E037 (1/98)