

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 11, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 734843**

**1. Entity Name  
VENETIAN PARK RECREATION ASSOCIATION, INC.**



**Principal Place of Business  
801 NE 25TH AVE  
HALLANDALE, FL 33009**

**Mailing Address  
801 NE 25TH AVE  
HALLANDALE, FL 33009**

**DO NOT WRITE IN THIS SPACE**



02092005 No Chg-NP CR2E037 (10/03)

**4. FEI Number**  
**59-1769383**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**GOLDMAN, VICKI L  
2308 NE 7 ST.  
HALLANDALE, FL 33209**

**DO NOT WRITE  
IN THIS SPACE**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** GOLDMAN, VICKI L  
**STREET ADDRESS** 2308 NE 7 ST.  
**CITY-ST-ZIP** HALLANDALE, FL 33009

**TITLE** D  
**NAME** KOLBER, ESTHER  
**STREET ADDRESS** 2211 NE 7TH STREET  
**CITY-ST-ZIP** HALLANDALE, FL 33009

**TITLE** VPD  
**NAME** CHIZEN, DAVID  
**STREET ADDRESS** 2411 N.E. 9TH ST.  
**CITY-ST-ZIP** HALLANDALE, FL 33009

**TITLE** STD  
**NAME** MIULESCU, DANIEL  
**STREET ADDRESS** 2208 N.E. 11TH ST.  
**CITY-ST-ZIP** HALLANDALE, FL 33009

**TITLE** D  
**NAME** BARLOWE, WILLIAM  
**STREET ADDRESS** 947 N.E. 24TH AVE.  
**CITY-ST-ZIP** HALLANDALE, FL 33009

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

1100000225795  
02/11/05-80051-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Vicki L. Goldman* **VICKI L. GOLDMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**2/9/05 (954) 456-6950**  
Date Daytime Phone #