

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737198

FILED  
Apr 14, 2008  
Secretary of State

**Entity Name:** VENETIAN PARK CONDOMINIUM II ASSOCIATION, INC.

**Current Principal Place of Business:**

2411 NE 9TH ST  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

2411 NE 9TH ST  
HALLANDALE BEACH, FL 33009 US

**Current Mailing Address:**

2411 NE 9TH ST  
HALLANDALE, FL 33009 US

**New Mailing Address:**

2411 NE 9TH ST  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 59-1769410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIZEN, DAVID  
2411 N.E. 9TH ST.  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHIZEN, DAVID  
Address: 2411 NE 9TH STREET  
City-St-Zip: HALLANDALE, FL 33009

Title: DS ( ) Delete  
Name: LABOMBARDA, ADRIENNE  
Address: 818 N.E. 25TH AVENUE  
City-St-Zip: HALLANDALE, FL 33009

Title: VD ( ) Delete  
Name: ARRA, MICHAEL  
Address: 2419 N.E. 9TH STREET  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CHIZEN

PRES

04/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date