

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90304 040 \*\*\*\*61.25

<b>DOCUMENT # 737452</b> 1. Entity Name VENETIAN PARK CONDOMINIUM III ASSOCIATION, INC.																																																																																																																																									
Principal Place of Business 801 NE 25TH AVENUE P.O. BOX 284 HALLANDALE, FL 33008-7284			Mailing Address P.O. BOX 284 HALLANDALE, FL 33008-7284																																																																																																																																						
2. Principal Place of Business		3. Mailing Address																																																																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																							
City & State		City & State																																																																																																																																							
Zip	Country	Zip	Country																																																																																																																																						
4. FEI Number <b>59-1769413</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent  BARON, GERTRUDE 2415 NE 10TH ST HALLANDALE, FL 33009			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>																																																																																																																																									
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																																																																					
<b>Make check payable to Florida Department of State</b>																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STEIN, SANDRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>933 NE 24TH AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HALLANDALE, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RICHMAN, RENA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2405 NE 10TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HALLANDALE, FL 33009</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SVP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OSBURN, RACHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>939 NE 24 AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HALLANDALE, FL 33009</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LYONS, GERALDINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2414 NME 10TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HALLANDALE, FL 33009</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BARON, GERTRUDE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2415 NE 10TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HALLANDALE, FL 33009</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRECTOR</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	STEIN, SANDRA		STREET ADDRESS	933 NE 24TH AVE		CITY - ST - ZIP	HALLANDALE, FL		TITLE	D	<input type="checkbox"/> Delete	NAME	RICHMAN, RENA		STREET ADDRESS	2405 NE 10TH STREET		CITY - ST - ZIP	HALLANDALE, FL 33009		TITLE	SVP	<input type="checkbox"/> Delete	NAME	OSBURN, RACHAEL		STREET ADDRESS	939 NE 24 AVE.		CITY - ST - ZIP	HALLANDALE, FL 33009		TITLE	TD	<input type="checkbox"/> Delete	NAME	LYONS, GERALDINE		STREET ADDRESS	2414 NME 10TH STREET		CITY - ST - ZIP	HALLANDALE, FL 33009		TITLE	P	<input type="checkbox"/> Delete	NAME	BARON, GERTRUDE		STREET ADDRESS	2415 NE 10TH STREET		CITY - ST - ZIP	HALLANDALE, FL 33009		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																							
NAME	STEIN, SANDRA																																																																																																																																								
STREET ADDRESS	933 NE 24TH AVE																																																																																																																																								
CITY - ST - ZIP	HALLANDALE, FL																																																																																																																																								
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																							
NAME	RICHMAN, RENA																																																																																																																																								
STREET ADDRESS	2405 NE 10TH STREET																																																																																																																																								
CITY - ST - ZIP	HALLANDALE, FL 33009																																																																																																																																								
TITLE	SVP	<input type="checkbox"/> Delete																																																																																																																																							
NAME	OSBURN, RACHAEL																																																																																																																																								
STREET ADDRESS	939 NE 24 AVE.																																																																																																																																								
CITY - ST - ZIP	HALLANDALE, FL 33009																																																																																																																																								
TITLE	TD	<input type="checkbox"/> Delete																																																																																																																																							
NAME	LYONS, GERALDINE																																																																																																																																								
STREET ADDRESS	2414 NME 10TH STREET																																																																																																																																								
CITY - ST - ZIP	HALLANDALE, FL 33009																																																																																																																																								
TITLE	P	<input type="checkbox"/> Delete																																																																																																																																							
NAME	BARON, GERTRUDE																																																																																																																																								
STREET ADDRESS	2415 NE 10TH STREET																																																																																																																																								
CITY - ST - ZIP	HALLANDALE, FL 33009																																																																																																																																								
TITLE		<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u>Gertrude Baron</u> <u>PGERTRUDE BARON</u> 05/01/06 954-454-3887 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																									