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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741346 (1)  
1. Corporation Name  
VENETIAN PARK CONDOMINIUM V ASSOCIATION, INC.



Principal Place of Business: 2214 NE 7TH STREET HALLANDALE FL 33009  
Mailing Address: 2214 NE 7TH STREET HALLANDALE FL 33009-2804

3. Date Incorporated or Qualified: 01/13/1978  
3a. Date of Last Report: 02/05/1996

2. Principal Place of Business: 21 2216 NE 7TH ST  
2a. Mailing Address: 26 2216 N.E 7TH ST  
22 Suite, Apt #, etc.  
23 City & State: HALLANDALE FL 33009  
28 City & State: HALLANDALE FL  
24 Zip: 33009 25 Country  
29 Zip: 33009 30 Country

4. FEI Number: 59-1815615  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
~~MONTANO, ALPHONSE~~  
2214 NE 7TH STREET  
HALLANDALE FL 33009  
*Deceased*

10. Name and Address of New Registered Agent  
81 Name: ALEX RACZ  
82 Street Address (P.O. Box Number is Not Acceptable): 2216 N.E 7TH ST  
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: ALEX RACZ President  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)  
DATE: 1/29/97

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VD	<input type="checkbox"/>
NAME	ARNOLD, PHILLIP	
STREET ADDRESS	2215 NE 7TH ST.	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	MONTANO, ALPHONSE	
STREET ADDRESS	2214 NE 7TH ST.	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	RACZ, ALEX	
STREET ADDRESS	2216 N.E. 7TH STREET	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	FEALDMAN, HAROLD	
STREET ADDRESS	2213 NE 7TH ST	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VD	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ARNOLD, PHILIP		
1.3 STREET ADDRESS	2215 NE 7TH ST		
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009		
2.1 TITLE	PD (PD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	ALEX RACZ		
2.3 STREET ADDRESS	2216 N.E 7TH ST		
2.4 CITY-ST-ZIP	HALLANDALE, FL 33009		
3.1 TITLE	TD	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	LORI ZARNETT		
3.3 STREET ADDRESS	2221 N.E 7TH ST		
3.4 CITY-ST-ZIP	HALLANDALE FL 33009		
4.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	VALENTINO AZZOLI		
4.3 STREET ADDRESS	2208 NE 7TH ST		
4.4 CITY-ST-ZIP	HALLANDALE FLA		
5.1 TITLE	HELEN SCHOR (DIRECTOR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS	2206 N. E 7TH ST		
5.4 CITY-ST-ZIP	HALLANDALE FL 33009		
6.1 TITLE	BOB GALE DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS	2220 N.E 7TH ST		
6.4 CITY-ST-ZIP	HALLANDALE FL. 33009		

14. I do 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.

SIGNATURE: ALEX RACZ  
Signature and typed or printed name of signing officer or director  
Date: 1/19/97  
Daytime Phone: 954 452-8219

CR2E037 (9/96)