

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90025 020 \*\*\*\*61.25

**DOCUMENT # 745181**

1. Entity Name  
**THE VENICE AVENUE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**512 WEST VENICE AVENUE  
VENICE, FL 34285**

Mailing Address  
**512 WEST VENICE AVENUE  
VENICE, FL 34285**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1979324**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PROFESSIONAL ASSOCIATION MANAGEMENT SERVIC  
512 WEST VENICE AVENUE  
VENICE, FL 34285**

Name

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

City

**FL**

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME ELIAS, GUS ☐ Delete  
STREET ADDRESS 512 W VENICE AVE UNIT 503  
CITY-ST-ZIP VENICE, FL 34285

TITLE D  
NAME ELIOPOULOS, THOMAS ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME HANG, LOUISA ☒ Delete  
STREET ADDRESS 512 W VENICE AVE UNIT 604  
CITY-ST-ZIP VENICE, FL 34285

TITLE  
NAME SOUTHERLAND, ROBERT ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME OSWALD, MARY ☐ Delete  
STREET ADDRESS 512 W VENICE AVE, UNIT 406  
CITY-ST-ZIP VENICE, FL 34285

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME SCOTT, BETTYE ☐ Delete  
STREET ADDRESS 512 W VENICE AVE UNIT 307  
CITY-ST-ZIP VENICE, FL 34285

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME ELIOPOULOS, JOANNE ☐ Delete  
STREET ADDRESS 512 W VENICE AVE #505  
CITY-ST-ZIP VENICE, FL 34285

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME TAYLOR, JOHN ☒ Delete  
STREET ADDRESS 512 W VENICE AVE #401  
CITY-ST-ZIP VENICE, FL 34285

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Henry J. Oswald president*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-19-08*  
Date

*941-488-0417*  
Daytime Phone #