

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745181

FILED
Apr 17, 2009
Secretary of State

Entity Name: THE VENICE AVENUE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

512 WEST VENICE AVENUE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

512 WEST VENICE AVENUE
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-1979324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROFESSIONAL ASSOCIATION MANAGEMENT SERVIC
512 WEST VENICE AVENUE
VENICE, FL 34285 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: ELIAS, GUS
Address: 512 W VENICE AVE UNIT 503
City-St-Zip: VENICE, FL 34285

Title: VD () Delete
Name: OSWALD, MARY
Address: 512 W VENICE AVE, UNIT 406
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: SCOTT, BETTYE
Address: 512 W VENICE AVE UNIT 307
City-St-Zip: VENICE, FL 34285

Title: SD () Delete
Name: ELIOPOULOS, JOANNE
Address: 512 W VENICE AVE #505
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OSWALD, MARY
Address: 512 W VENICE AVE UNIT 503
City-St-Zip: VENICE, FL 34285

Title: PVD (X) Change () Addition
Name: ARCHIBALE, DAN
Address: 512 W VENICE AVE, UNIT 406
City-St-Zip: VENICE, FL 34285

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: MARY OASWALD

PD

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date