

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747122

FILED
Mar 04, 2009
Secretary of State

Entity Name: VENETIAN ISLE CONDOMINIUM, INC.

Current Principal Place of Business:

801 N VENETIAN DRIVE
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

801 N VENETIAN DRIVE
MIAMI, FL 33139

New Mailing Address:

FEI Number: 59-2059584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELDMAN, MICHAEL
1111 KANE CONCOURSE #200
MIAMI BEACH, FL 33154 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: T () Delete
Name: MELAMED, SONIA
Address: 801 N VENETIN DR
City-St-Zip: MIAMI BEACH, FL 33139

Title: P () Delete
Name: MITCHELL-VILLANO, JODI
Address: 801 N. VENETIAN DR.
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: BAIER, KIRSTEN
Address: 801 VENETIAN DR.
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: MILLER, MARTY
Address: 801 N VENETIAN DR
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: BALLOW, JOHN
Address: 801 N VENTIAN DR
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: MELAMED, SONIA
Address: 801 N VENETIN DR
City-St-Zip: MIAMI BEACH, FL 33139

Title: P (X) Change () Addition
Name: BAIER, KIRSTEN
Address: 801 N. VENETIAN DR.
City-St-Zip: MIAMI BEACH, FL 33139

Title: T (X) Change () Addition
Name: FERGUSON, MARIA
Address: 801 VENETIAN DR.
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: D (X) Change () Addition
Name: GREENFIELD, SONYA
Address: 801 N VENTIAN DR
City-St-Zip: MIAMI, FL 33134

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: KIRSTEN BAIER

PRES

03/04/2009

Electronic Signature of Signing Officer or Director

Date