

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748303** (5)

1. Corporation Name

GREATER VENICE FLORIDA DOG CLUB, INC.



Principal Place of Business PO BOX 1786 VENICE FL 34285 US	Mailing Address PO BOX 1786 VENICE FL 34285 US
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3. Date Incorporated or Qualified 07/31/1979
4. FEI Number 59-1301227
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KNAPP, GEORGE P. 1338 WALDEN DRIVE FORT MYERS FL 33901
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10. Name and Address of New Registered Agent 81 Name George Knapp 82 Street Address (P.O. Box Number is Not Acceptable) 11 PERIMETER DRIVE 83 ENGLEWOOD 84 City FL 85 Zip Code 34223
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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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **3/28/98**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CASTORAL, MARY
STREET ADDRESS	2705 NORWOOD LANE
CITY-ST-ZIP	VENICE FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	PURNELL, CHARLES
STREET ADDRESS	242 SNYDER DRIVE
CITY-ST-ZIP	VENICE FL
TITLE	RS <input checked="" type="checkbox"/> DELETE
NAME	DORITY, PAT
STREET ADDRESS	4420 GREENWOOD STABLED RIVE
CITY-ST-ZIP	SARASOTA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	KNAPP, GEORGE
STREET ADDRESS	1338 WALDEN DRIVE
CITY-ST-ZIP	FORT MYERS FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BRAUN, JOSEPH
STREET ADDRESS	1020 DRURY LANE
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CROWLEY, JEAN
STREET ADDRESS	617 N. TAMIAHI TRAIL #85
CITY-ST-ZIP	VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Castoral Mary
1.3 STREET ADDRESS	2705 Norwood Lane
1.4 CITY-ST-ZIP	Venice, FL 34292
2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alan Heller
2.3 STREET ADDRESS	2133 Black Oak Court
2.4 CITY-ST-ZIP	Sarasota, FL
3.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Barbara Heller
3.3 STREET ADDRESS	4436 Westwood Lane
3.4 CITY-ST-ZIP	Sarasota, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joseph Braun
5.3 STREET ADDRESS	1020 Drury Lane
5.4 CITY-ST-ZIP	Englewood FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **MARY CASTORAL** 2-22-98 9:11-423165

CR2E037 (10/97)