

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90243 037 ****70.00

DOCUMENT # 748464

1. Entity Name
VENETIAN SHORES YACHTING ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 473
ISLAMORADA, FL 33036

Mailing Address
P.O. BOX 473
ISLAMORADA, FL 33036

DO NOT WRITE IN THIS SPACE



02262007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOLEY, JUDITH A CPA
92330 OVERSEAS HIGHWAY
TAVERNIER, FL 33070

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BARCHIESE, FRANK
STREET ADDRESS 113 SAN JUAN DR
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE VPD
NAME CARR, PAUL
STREET ADDRESS 140 GULFIDE DR
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE PD
NAME PAUCHEY, JACQUES
STREET ADDRESS 133 SAN MARCO DR
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE D
NAME GRISWOLD, CHARLES
STREET ADDRESS 189 VENETIAN WAY
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE TD
NAME BELSCH, SANDY
STREET ADDRESS 132 SAN MARCO DR
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE SD
NAME LYMAN, TIMOTHY
STREET ADDRESS 190 VENETIAN WAY
CITY-ST-ZIP ISLAMORADA, FL 33036

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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: *Timothy J Lyman* (SECRETARY) 2-26-07 305 393 1393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #