2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# 748464

Entity Name: VENETIAN SHORES YACHTING ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 473
ISLAMORADA, FL 33036

New Principal Place of Business:

190 VENETIAN WAY
ISLAMORADA, FL 33036

Current Mailing Address:

P.O. BOX 473
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOLEY, JUDITH A CPA
92330 OVERSEAS HIGHWAY
TAVERNIER, FL 33070 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: D ( ) Delete
Name: BARCHIESE, FRANK
Address: 113 SAN JUAN DR
City-St-Zip: ISLAMORADA, FL 33036

Title: VPD ( ) Delete
Name: CARR, PAUL
Address: 140 GULFSIDE DR
City-St-Zip: ISLAMORADA, FL 33036

Title: PD ( ) Delete
Name: PAUCHEY, JACQUES
Address: 133 SAN MARCO DR
City-St-Zip: ISLAMORADA, FL 33036

Title: D ( ) Delete
Name: GRISWOLD, CHARLES
Address: 189 VENETIAN WAY
City-St-Zip: ISLAMORADA, FL 33036

Title: TD ( ) Delete
Name: BERNARDIN, JIM
Address: 80401 STATE RD 4-A
City-St-Zip: ISLAMORADA, FL 33036

Title: SD ( ) Delete
Name: LYMANN, TIMOTHY
Address: 190 VENETIAN WAY
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: SD (X) Change ( ) Addition
Name: LYMAN, TIMOTHY
Address: 190 VENETIAN WAY
City-St-Zip: ISLAMORADA, FL 33036

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: TIMOTHY LYMAN SD 01/27/2009
Electronic Signature of Signing Officer or Director — Date