2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90038 030 ****61.25

DOCUMENT # 748786

1. Entity Name

VENETIAN ARMS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PALM REALTY 101 CAPRI ISLES BLVD VENICE FL 34292	PALM REALTY 101 CAPRI ISLES BLVD VENICE FL 34292-3053

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
CPMI	c/o CPMI
Suite, Apt. #, etc.: 101 Capri Isles Blvd Suite 4	Suite, Apt. #, etc.: 101 Capri Isles Blvd Suite 4
City & State: Venice FL	City & State: Venice FL
Zip: 34292 Country: USA	Zip: 34292 Country: USA

4. FEI Number: 59-2444178 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CROSS, DARLENE
C/O PALM REALTY
200 CAPRI ISLES BLVD
VENICE FL 34292

7. Name and Address of New Registered Agent

Name: Debbie Green
Street Address (P.O. Box Number is Not Acceptable): c/o CPMI
101 Capri Isles Blvd, Suite 4
City: Venice **FL** Zip Code: 34292

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.

SIGNATURE: Debbie Green — Debbie Green — 3-10-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAMMARCO, TONY 1787 BELVIDERE RD. ENGLEWOOD FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Sammarco, Tony 5298 Midnight Pass Rd Sarasota, FL 34242	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROGERS, AL 2051 S. MOBILE ESTATES DR. SARASOTA FL 34231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Fitzgerald, Barbara 1258 Barbar Dr. #101 Venice FL 34292	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BROWN, ALDEN T 807 SAITCLAIR CR VENICE FL 34292	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: ~~SIGNATURE REQUIRED~~ for P Sammarco — 3/10/00 — 941-412-0449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #