2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90001 014 ****61.25

DOCUMENT # 748786

1. Entity Name

VENETIAN ARMS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ANTARES GROUP, INC. PMB #175, 4195 S. TAMIAMI TRAIL VENICE FL 34293 US	ANTARES GROUP, INC. PMB #175, 4195 S. TAMIAMI TRAIL VENICE FL 34293 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4284 Sunburst Ave.	P.O. Box 8065
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Port, FL	City & State: North Port, FL
Zip: 34286 Country: USA	Zip: 34287 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

ANTARES GROUP, INC.
PMB #175, 4195 S. TAMIAMI TRAIL
VENICE FL 34293

RECEIVED JAN 10 2002

7. Name and Address of New Registered Agent

Name: Antares Group, Inc.
Street Address (P.O. Box Number is Not Acceptable): 4284 Sunburst Ave.
City: North Port **FL** Zip Code: 34287

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: Cynthia C. Barber Cynthia C. Barber, Prop.Mgr. 01/17/02
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 5298 MIDNIGHT PASS RD SARASOTA FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FTZGERALD, BARBARA 1258 BARBAR DR. #101 VENICE FL 34292	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BROWN, ALDEN T 450 SW FAIRWAY LANDING PORT SAINT LUCIE FL 34986	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Sammarco, Nancy 5298 Midnight Pass Rd Sarasota, FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Barber, Cynthia C. 4284 Sunburst Ave. North Port, FL 34287	☐ 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

CR2E037 (9/01)

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: Barbara Fitzgerald SIGNATURE REQUIRED Barbara Fitzgerald 01/17/02 941-429-8694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #