

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90408 026 ****61.25

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04252006 Chg-NP CR2E037 (11/05)

DOCUMENT # 748786			
1. Entity Name VENETIAN ARMS OWNERS ASSOCIATION, INC.			
Principal Place of Business 1258 BARBARA DR VENICE, FL 34285 US		Mailing Address P.O. BOX 8065 NORTH PORT, FL 34287 US	
2. Principal Place of Business		3. Mailing Address 1258 BARBARA DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 203	
City & State		City & State Venice FL	
Zip		Zip 34285	
Country		Country FLORIDA	
4. FEI Number 59-2444178		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTARES GROUP, INC. 760 SUGARWOOD WAY VENICE, FL 34292		7. Name and Address of New Registered Agent Name: Kathleen G. Ammend Street Address (P.O. Box Number is Not Acceptable): 1258 BARBARA DR # 203 City: Venice FL Zip Code: 34285	
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: <i>Kathleen G. Ammend</i>		DATE: 4-24-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP NAME: FREED, TERRI STREET ADDRESS: 1258 BARBARA DR #204 CITY-ST-ZIP: VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT NAME: TULLIO GIACOMAZZI STREET ADDRESS: 703 Edgemere Lane CITY-ST-ZIP: SARASOTA, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P/D NAME: LAWSON, ROBERT STREET ADDRESS: 1258 BARBARA DR #201 CITY-ST-ZIP: VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE: VICE PRES. NAME: JOHN PATTEN STREET ADDRESS: 1258 BARBARA DR #207 CITY-ST-ZIP: VENICE FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: PATTEN, JOHN STREET ADDRESS: 1258 BARBARA DR #207 CITY-ST-ZIP: VENICE, FL 34285	<input type="checkbox"/> Delete	TITLE: SECRETARY/TREASURER NAME: KATHLEEN AMMEND STREET ADDRESS: 1258 BARBARA DR #1203 CITY-ST-ZIP: VENICE FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: AS NAME: KRUMENAKER, CYNTHIA C STREET ADDRESS: 760 SUGARWOOD WAY CITY-ST-ZIP: VENICE, FL 34292	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kathleen G. Ammend</i>		DATE: 4-24-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 941-486-3687	