


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90088 018 ****61.25

DOCUMENT # 748786					
1. Entity Name VENETIAN ARMS OWNERS ASSOCIATION, INC.					
Principal Place of Business 1258 BARBARA DR VENICE, FL 34285 US		Mailing Address 1258 BARBARA DR 203 VENICE, FL 34285 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04122007 Chg-NP CR2E037 (12/06)	
Zip		Country		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			7. Name and Address of New Registered Agent		
AMMEND, KATHLEEN G 1258 BARBARA DR 203 VENICE, FL 34292			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 <u>Kathleen Ammend</u>				DATE <u>4-11-07</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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	ST	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMMEND, KATHLEEN		NAME	AMMEND KATHLEEN	
STREET ADDRESS	1258 BARBARA DR 203		STREET ADDRESS	1258 BARBARA DR #203	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	VENICE FL 34285	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTEN, JOHN		NAME	BOB LAWSON	
STREET ADDRESS	1258 BARBARA DR #207		STREET ADDRESS	1258 BARBARA DR #201	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	VENICE FL 34285	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIACCAZZI, TULLIO		NAME		
STREET ADDRESS	708 EDMERE LN		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTEN, JOHN		NAME	BARBARA BEIMEL	
STREET ADDRESS	1258 BARBARA DR 207		STREET ADDRESS	910 Lucille Ave	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BRIAN CAREY	
STREET ADDRESS			STREET ADDRESS	1258 BARBARA DR #104	
CITY-ST-ZIP			CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Kathleen Ammend</u>				DATE <u>4-11-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	
				Daytime Phone #	