


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP CR2E037 (4/06)

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
 AMMEND, KATHLEEN G
 1258 BARBARA DR 203
 VENICE, FL 34292

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

U00000779831
 01/11/08-30054-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, AMMEND, KATHLEEN 1258 BARBARA DR 203 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTEN, JOHN 1258 BARBARA DR #207 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIACCAZZI, TULLIO 708 EDGEMERE LN SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEIMEL, BARBARA 910 UCILLE AVE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAREY, BRIAN 1258 BARBARA DR #104 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Kathleen Ammend 11-8-07 941-4863687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #