2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90074 011 ****61.25

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DOCUMENT # 748786

1. Entity Name
VENETIAN ARMS OWNERS ASSOCIATION, INC.

RECEIVED JAN - 3 2003

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☑ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
4284 SUNBURST AVE. NORTH PORT FL 34288 US	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.
City & State: VENICE, FL	City & State
Zip: 34285 Country: USA	Zip Country

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	7. Name and Address of New Registered Agent
ANTARES GROUP, INC. 4284 SUNBURST AVE. NORTH PORT FL 34287	Name: ANTARES GROUP, INC. Street Address (P.O. Box Number is Not Acceptable): 12407 S. TAMIAMI TR., STE. 2 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cynthia C. Barber, CYNTHIA C. BARBER 01.03.03
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 Florida 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		☐ 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 VP, D CHARLOTTE, FELIX 2198 SONOMA DR. EAST NOKOMIS, FL 34275
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SAMMARCO, NANCY 5298 MIDNIGHT PASS RD. SARASOTA FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BARBER, CYNTHIA C 4284 SUNBURST AVE. NORTH PORT FL 34287	☐ 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

CR2E037 (10/02)

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 Anthony Sammarco 01.03.03 941-422-8684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER