
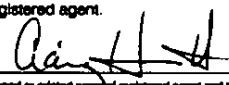



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90032 001 ****61.25

DOCUMENT # 756528			
1. Entity Name VENETIAN TERRACE CONDOMINIUM AT CYPRESS LAKES ASSOCIATION, INC.			
Principal Place of Business 901 NORTHPOINT PKWY STE 301 WEST PALM BCH, FL 33407-1953 US		Mailing Address 901 NORTHPOINT PKWY STE 301 WEST PALM BCH, FL 33407-1953 US	
2. Principal Place of Business 1441 Princeton Lane		3. Mailing Address 1441 Princeton Lane	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State Boynton Beach, FL		City & State Boynton Beach, FL	
4. FEI Number 65-0144247		Applied For <input type="checkbox"/> Not Applicable	
Zip 33426	Country Palm Beach	Zip 33426	Country Palm Beach
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	
ROSSI, ENRICO 901 NORTHPOINT PKWY STE 301 WEST PALM BCH, FL 33407		Name Craig Hammett	
		Street Address (P.O. Box Number is Not Acceptable)	
		1441 Princeton Lane	
		City Boynton Beach	FL Zip Code 33426
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: 		DATE: 2/9/06	
Filing Fee is \$61.28 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROSSI, ENRICO 625 WHISPERING PINES RD BOYNTON BEACH FL. <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Craig Hammett 1441 Princeton Lane Boynton Beach, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALADRIGAS, RAFAEL 901 NORTHPOINT PKWY, SUITE 301 WEST PALM BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andrew Iaradesta 1441 Princeton Lane Boynton Beach, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNDERKOFER, CHRISTINE B 901 NORTHPOINT PKWY, SUITE 301 WEST PALM BEACH, FL <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
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: 		DATE: 2/9/06 561-733-1275	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

400-



01292006 Chg-NP CR2E037 (11/05)