NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 757476

1. Corporation Name

VENETIAN ESTATES, INC.

Principal Place of Business 4200 GULFSHORE BLVD..N. NAPLES FL 34103 Mailing Address

4200 GULFSHORE BLVD..N. NAPLES FL 34103

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FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90038 027 ****61.25



2. Principal Place of	Business	2a. Mailing Address	•		3. Date Incorporated or Qualifed				
21		26			04/09/1981				
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number			lied For	
22		27			NOT APPLICABLE			Applicable	
City & State	-	City & State			5. Certifcate of Status Desired		\$8.75 Ac Fee Req		
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00 N	May Be	
24	25 29 3				Trust Fund Contribution		Added to	Fees	
	lame and Address of Current		•		10. Name and Address of New R	legistered A	gent		
			81	Name					
CATALANO, ANTHONY J				82 Street Address (P.O. Box Number is Not Acceptable)					
4001 TAMIAMI TRAIL N				82 Street Address (F.O. Box Nutriber is Not Acceptable)					
			83						
SUITE 404			Ш				! - : 0		
NAPLES FL 34103			84	City		FL	85 Zip Co		
11. Pursuant to the	provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named corpo	ration submits this statement for the	purpose of c	hanging its r	egistered	
office or registers	ed agent, or both, in the State of liar with, and accept the obligation	Fiorida Such change was autri	orizea ov i	ne corporado	n's board of directors. I hereby accep	it the appoin	ıment as regi	stered	
SIGNATURE	e, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agen	signature required	when reinstating)	DATE			
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OF	FICERS AND			
TITLE PD		☐ DELETE	1.1 TITLE				☐ Change	Addition	
1	BERT, RAYMOND L		1.2 NAME]	
	GULF SHORE BLVD N		1.3 STREET	ADDRESS					
	NAPLES FL			-ZIP					
TITLE VD		☐ DELETE	2.1 TITLE				Change	☐ Addition	
	SERT, SCOTT F		2.2 NAME	l l					
	GULF SHORE BLVD N		2.3 STREET	ADDRESS					
				t-ZIP					
			3.1 TITLE				☐ Change	☐ Addition	
	BAKER, RICHARD J								
	GULF SHORE BLVD N		3.3 STREET	ADDRESS					
	ES FL		3.4. CITY-S					į	
CITY-ST-ZIP NAPL		☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME		_	4. 2 NAME		•			ĺ	
STREET ADDRESS			4.3 STREET	ADDRESS					
			4.4 CITY-ST						
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
		— —	5.2 NAME						
NAME			5.3 STREET	ADDRESS				ł	
STREET ADDRESS			5.4 CITY-ST		-				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				Change	Addition	
1			6.2 NAME				-		
NAME			6.3 STREET	ADDRESS				ļ	
STREET ADDRESS			6.4 CITY-S		•				
CITY-ST-ZIP	hat the information currelied with	this filing does not qualify for th			ection 119.07(3)(i), Florida Statutes.	further cert	fy that the in	formation	

4. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 261-6100

(44,00)