2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# 759605

Entity Name: VENICE AREA BOARD OF REALTORS, INC.

Current Principal Place of Business:

680 SUBSTATION RD
C/O MARLENE MERKLE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

680 SUBSTATION RD
C/O MARLENE MERKLE
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-6152556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERKLE, MARLENE S.
680 SUBSTATION RD
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CROMWELL, DAVID
Address: 4175 CENTER POINTE CIRLCE
City-St-Zip: SARASOTA, FL 34233

Title: DPE ( ) Delete
Name: KOPPLE, LAURA B
Address: 4343 S TAMIAMI TR
City-St-Zip: VENICE, FL 34293

Title: DVS ( ) Delete
Name: LARAIN, ROXANNA
Address: 1335 LEAWOOD RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete
Name: KEITH, JAN
Address: 2131 MUSKOGEE TR
City-St-Zip: NOKOMIS, FL 34275

Title: D (X) Delete
Name: MEURS, BRIAN R
Address: 1822 FLAMETREE LANE
City-St-Zip: VENICE, FL 34293

Title: D (X) Delete
Name: LINGLEY, STEPHEN
Address: 2092 TOCOBAGO LANE
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: KOPPLE, LAURA B
Address: 4343 SOUTH TAMIAMI TRAIL
City-St-Zip: VENICE, FL 34293

Title: PE (X) Change ( ) Addition
Name: LINGLEY, STEPHEN
Address: 301 ALBEE ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: TREA (X) Change ( ) Addition
Name: LARAIN, ROXANNA
Address: 1335 LEAWOOD RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP (X) Change ( ) Addition
Name: SAPUTO, BARBARA
Address: 4240 SOUTH TAMIAMI TRAIL
City-St-Zip: VENICE, FL 34293

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA B. KOPPLE PRES 03/08/2007

Electronic Signature of Signing Officer or Director — Date