

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90119 003 ****61.25

DOCUMENT # 764116 1. Entity Name SUTTON PLACE OF VENICE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 744 CADIZ ROAD VENICE, FL 34285 US			Mailing Address C/O BYRD REALTY, INC. 6512 SUPERIOR AVENUE SARASOTA, FL 34231 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2657406	
Zip		Country		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	
BYRD, HR (DICK) MR. 6512 SUPERIOR AVENUE SARASOTA, FL 34231				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DAVIS, JOHN		NAME		
STREET ADDRESS	4 RIVER DRIVE ROAD		STREET ADDRESS		
CITY-ST-ZIP	HACKETTSTOWN, NJ 07840		CITY-ST-ZIP		
TITLE	VPSD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	DAVID, SMITH G		NAME		
STREET ADDRESS	612 LOCH ALSH AVE		STREET ADDRESS		
CITY-ST-ZIP	AMBLER, PA 19002		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRANATA, THOMAS		NAME		
STREET ADDRESS	744 CADIZ ROAD UNIT 9		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☒ Addition	
NAME			NAME	Director	
STREET ADDRESS			STREET ADDRESS	Joseph Gentile	
CITY-ST-ZIP			CITY-ST-ZIP	744 CADIZ RD #2	
				Venice, FL 34285	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			1/17/2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			941-921-5549		
			Date Daytime Phone #		