2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 03, 2008 08:00 AN Secretary of State **DOCUMENT # 767174** 1. Entity Name VENETIAN VILLAGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address % M.J. GALLOP ACCOUNTING 817 GEORGE BUSH BLVD DELRAY BCH FL 33483 % M.J. GALLOP ACCOUNTING 817 GEORGE BUSH BLVD **DELRAY BCH FL 33483** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State Applied For City & State 4. FEI Number 59-2128439 Not Applicable Zip Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PUGH, DAVID Street Address (P.O. Box Number is Not Acceptable) 817 GEORGE BUSH BLVD **DELRAY BEACH FL 33483** City Z-p 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 CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE Change Addition U00000880278 HAYTER, WILLIAM M **KAM**F NAME 04/15/08-80053-022 61.25 75 VENETIAN DR. STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY - ST- ZIP CITY-ST-ZIP Addition TITLE Delate TITLE Change REGAN, JOSEPH NAME NAME 75 VENETIAN DR. STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP CITY-ST-ZIP TD Change TITLE Delete TITLE Addition VINCENT CAMPANA NAME NAME STREET ADDRESS 75 VENETIAN DRIVE STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLE ☐ Change Addition NAME JOSEPH GUARANTE NAME STREET ADDRESS 75 VENETIAN DRIVE STREET ADDRESS CITY-ST-7(P **DELRAY BEACH FL** CITY-ST-ZiP SD TITLE Delete 1111,6 Change Addition SAMMITT, CHARLES NAME NAME 75 VENETIAN DR. STREET ADDPLSS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 empo-

SIGNATURE:

FILED

541-272-2617