2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767174

FILED Mar 23, 2009 Secretary of State

Entity Name: VENETIAN VILLAGE CONDOMINIUM ASSOCIATION, INC.

		NV VIEE/ (SE SSIVE)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11014, 1140.			
Current Principal Place of Business:				New Principal Place of Business:			
% M.J. GALLOP ACCOUNTING 817 GEORGE BUSH BLVD DELRAY BCH, FL 33483				C/O M.J. GALLUP ACCOUNTING 817 GEORGE BUSH BLVD DELRAY BCH, FL 33483			
Current Mailing Address:				New Mailing Address:			
% M.J. GALLOP ACCOUNTING 817 GEORGE BUSH BLVD DELRAY BCH, FL 33483				C/O M.J. GALLUP ACCOUNTING 817 GEORGE BUSH BLVD DELRAY BCH, FL 33483			
FEI Number:	59-2128439	FEI Number Applied For ()	FEI Nur	nber Not Appli	icable ()	Certificate of	Status Desired ()
Name and	Address of C	Current Registered Agent:		Name and	Address of	New Register	red Agent:
DELRAY B	GE BUSH BL\ EACH, FL 33	483 US		£ - b - u - ciu - ci			
in the State		submits this statement for the	purpose o	or changing it	is registerea	onice or regisi	ered agent, or both,
SIGNATUR							
	Electron	nic Signature of Registered Ag	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D () HAYTER, WILL 75 VENETIAN D DELRAY BEAC	DR.		Title: Name: Address: City-St-Zip:	(() Change () Ad	dition
Title: Name: Address: City-St-Zip:	PD () REGAN, JOSEF 75 VENETIAN D DELRAY BEAC	DR.		Title: Name: Address: City-St-Zip:	(() Change () Ad	dition
Title: Name: Address: City-St-Zip:	TD () VINCENT CAMP 75 VENETIAN D DELRAY BEAC	DRIVE		Title: Name: Address: City-St-Zip:	(() Change () Ad	dition
Title: Name: Address: City-St-Zip:	D () JOSEPH GUAR 75 VENETIAN D DELRAY BEAC	DRIVE		Title: Name: Address: City-St-Zip:	(() Change()Ad	dition
Title: Name: Address: City-St-Zip:	SD () SAMMITT, CHA 75 VENETIAN D DELRAY BEAC	DR.		Title: Name: Address: City-St-Zip:	SD (SCHMITT, CH 75 VENETIAN DELRAY BEA	IDR.	ldition

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH REGAN P 03/23/2009