

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90012 037 \*\*\*\*61.25

<b>DOCUMENT # 768863</b> 1. Entity Name <b>COLONIAL MANOR OF VENICE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1200 RIDGEWOOD AVE. VENICE, FL 34285</b>			Mailing Address <b>1200 RIDGEWOOD AVE. VENICE, FL 34285</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2785846</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KORP, WILLIAM 333 S. TAMiami TR. VENICE, FL 34284</b>				7. Name and Address of New Registered Agent Name <b>Scott Gordon</b> Street Address (P.O. Box Number is Not Acceptable) <b>One Sarasota Tower</b> <b>Two North Tamiami Trail</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34236</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>2-13-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>EMERSON, KENNETH</b> <b>291 OUTER DR. E</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MOLLE, GERALDINE</b> <b>272 INNER DR. W</b> <b>VENICE, FL 34285</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MAHONEY, JACK</b> <b>276 INNER DR. W</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BRITTON, PRISCILLA</b> <b>206 OUTER DR. W</b> <b>VENICE, FL 34285</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JUMPER, RICHARD</b> <b>240 OUTER DR. E</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COON, VERLANE</b> <b>252 INNER DR. W</b> <b>VENICE, FL 34285</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TO</b> <b>Janet Caridas</b> <b>223 Outer Dr. W</b> <b>Venice, FL 34285</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Carolyn Busker</b> <b>268 Inner Dr. W</b> <b>Venice, FL 34285</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>David Ganka</b> <b>275 Outer Dr. E</b> <b>Venice, FL 34285</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <b>President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>2-13-08</b> <b>941-488-6118</b> <small>Daytime Phone #</small>	