

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-18-2008 90015 003 \*\*\*\*61.25

60045117



07152008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 769419</b> 1. Entity Name <b>SENIORS WITHOUT PARTNERS OF VENICE, INC.</b>					
Principal Place of Business <b>AM LEGION AUBURN RD VENICE, FL 34292</b>			Mailing Address <b>AM LEGION AUBURN RD VENICE, FL 34292</b>		
2. Principal Place of Business - No P.O. Box #  			3. Mailing Address  		
Suite, Apt. #, etc.  			Suite, Apt. #, etc.  		
City & State  			City & State  		
Zip  		Country  		4. FEI Number <b>NOT APPLICABLE</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>PETERS, CAROLINA 201 TANGELO PL. VENICE, FL 34285</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to 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	P <b>NUZZO, MARIE</b> <b>512 WEST VENICE AVENUE</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>CLOCK, GENE</b> <b>304 CENTER RD</b> <b>VENICE, FL 34285</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SMITH, MARY R</b> <b>232 ST AUGUSTINE APT 505-E</b> <b>VENICE, FL 34285</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SMITH, MARY R</b> <b>232 ST. AUGUSTINE APT 505-E</b> <b>VENICE, FL 34285</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>LUCAS, PAULINE</b> <b>504 SHADY LAWN AVE</b> <b>NOKOMIS, FL 34275</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>MARIE PAOLANTONIO</b> <b>7152 SADDLE CREEK CIRCLE</b> <b>SARASOTA, FL 34241</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MARGARET BUTTERFIELD</b> <b>214 BELLA VISTA TERRACE-D</b> <b>NORTH VENICE, FL 34275</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SMITH, MARY R</b> <b>232 ST. AUGUSTINE APT 505-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.					
<b>SIGNATURE:</b> <u>Maria Nuzzo</u>		<u>8-14-08</u> <u>941-485-8739</u> <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					