2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769604

FILED Apr 09, 2009 Secretary of State

Entity Name: VENICE RANCH MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 613 FRANCINE LN VENICE, FL 34292 US **Current Mailing Address: New Mailing Address:** 613 FRANCINE LN VENICE, FL 34292 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOMBER, HARLAN R 3900 CLARK RD STE L1 SARASOTA, FL 34233 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HANNON, JOY CONLY, MARY-ANN B Name: Name: 613 FRANCINE LANE Address: 2513 ELLIS BLVD Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: VENICE, FL 34292 Title: Title: (X) Change () Addition () Delete MCKEEN, EULAYCE Name: Name: DODSON, TERRY Address: 613 BEAULAH LANE Address: 2510 LEWIS ROAD City-St-Zip: VENICE, FL 34292 City-St-Zip: VENICE, FL 34292 Title: () Delete Title: () Change () Addition LARAWAY, WILMA Name: Name: 616 BEULAH LANE Address: Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: () Delete Title: Title: () Change () Addition Name: JOHN, CONLY Name: Address: 2513 ELLIS BLVD Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: Title: VΡ () Delete Title: VΡ (X) Change () Addition QUINDLEY, ANDEW QUINDLEY, ANDEW Name: Name: 2510 GERTRE LANE 2510 GERTRUE LANE Address: Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: VENICE, FL 34292 Title: () Delete Title: () Change () Addition HANSON, GARY Name: Name: Address: 2625 JANICE LANE Address: VENICE, FL 34292 City-St-Zip: City-St-Zip:

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: MARY-ANN B. CONLY S 04/09/2009