2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State
02-12-2008 90007 048 ****61.25

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1. Entity Name
MURANO AT VENETIAN ISLES HOMEOWNERS ASSOCIATION, INC.

40022940

Principal Place of Business	Mailing Address
3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463	3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463

01222008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-1094013
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAY STEVEN LEVINE, P.A.
3300 PGA BLVD STE 530
PALM BEACH GARDENS, FL 33410

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	1VPD
NAME	HOLUB, GEORGE
STREET ADDRESS	8773 BELLIDO CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437 33472
TITLE	VP2
NAME	FRAISER, ANDRE
STREET ADDRESS	8488 MARSALA WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33437 33472
TITLE	T
NAME	BELFORD, ROZ
STREET ADDRESS	8401 MARSALA WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33437 33472
TITLE	PD
NAME	LEIBOWITZ, MICHAEL
STREET ADDRESS	8335 MARSALA WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33437 33472
TITLE	S
NAME	CHAIKEN, BARBARA
STREET ADDRESS	8245 MARSALA WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33437 33472
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2-1-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #