

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90020 007 ****61.25

DOCUMENT # N02000000731

1. Entity Name
**THE VENETIAN OF TREASURE ISLAND CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**5200 CENTRAL AVENUE
SAINT PETERSBURG, FL 33707**

Mailing Address
**5200 CENTRAL AVENUE
SAINT PETERSBURG, FL 33707**



2. Principal Place of Business
11270 Gulf Blvd
Suite, Apt. #, etc.

3. Mailing Address
c/o Quality Mgmt Serv
Suite, Apt. #, etc.
P.O. BOX 66245

03232005 Chg-NP CR2E037 (10/03)

City & State
Treas. Island, Fl
Zip
33706 Country
Pinellas

City & State
St. Pete Bch, Fl
Zip
33736 Country
Pinellas

4. FEI Number
20-0095178

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAHAM, PETER D
5200 CENTRAL AVENUE
SAINT PETERSBURG, FL 33707**

7. Name and Address of New Registered Agent

Name
Frank Schnoor
Street Address (P.O. Box Number is Not Acceptable)
7217 Gulf Blvd, Suite 6
City
St. Pete Beach FL Zip Code
33736

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

4-5-05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
POWELL, JOHN G
875 PASADENA AVE STE A
SAINT PETERSBURG, FL 33707** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
POWELL, JOHN G SR.
760 COLUMBUS DR.
TIERRA VERDE, FL 33715** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRAHAM, PETER D
5200 CENTRAL AVE
SAINT PETERSBURG, FL 33707** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CAREY, JOE
3509 Larkin Lane
McHenry, IL 60050** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
CAREY, ED
3705 W. St. Paul Ave
McKenry, IL 60050** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
ALBRIGHT, IRVEN
5824 115th Ave No
Pinellas Park, FL 33782** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joseph W Carey* **JOSEPH CAREY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/05
Date

**727
367-5270**
Daytime Phone #