

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000731

FILED
Mar 29, 2007
Secretary of State

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

Current Principal Place of Business:

11270 GULF BLVD
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

C/O QUALITY MGMT SERV
PO BOX 66245
SAINT PETERSBURG, FL 33736

New Mailing Address:

C/O CONDO MGT PLUS, INC.
PO BOX 86507
MADEIRA BEACH, FL 33738

FEI Number: 20-0095178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNOOR, FRANK
7217 GULF BLVD STE 6
SAINT PETERSBURG, FL 33736 US

Name and Address of New Registered Agent:

CAREY, JOE
11270 GULF BLVD
TREASURE ISLAND, FL 33736 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: JOE CAREY

03/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAREY, JOE
Address: 3509 LARKIN LANE
City-St-Zip: MCHENRY, IL 60050

Title: VD () Delete
Name: CAREY, ED
Address: 3705 W ST PAUL AVE
City-St-Zip: MCHENRY, IL 60050

Title: STD () Delete
Name: ALBRIGHT, IRVEN
Address: 5824 115TH AVE NO
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: ALBRIGHT, IRVEN
Address: 5824 115TH AVE NO
City-St-Zip: PINELLAS PARK, FL 33782

I hereby certify that the information supplied with this filing does not qualify for the 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: IRVEN ALBRIGHT

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03/29/2007

Electronic Signature of Signing Officer or Director

Date