

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000731

FILED  
Apr 29, 2009  
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 CONDO MGT PLUS, INC.  
PO BOX 86507  
MADEIRA BEACH, FL 33738

**New Mailing Address:**

FEI Number: 20-0095178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONDO MGT PLUS  
352 150TH AVE STE E  
MADEIRA BEACH, FL 33708 US

**Name and Address of New Registered Agent:**

CONDO MGT PLUS  
19535 GULF BLVD  
STE E  
INDIAN SHORES, FL 33785 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: JOYCE ADAMS

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CAREY, JOE  
Address: 352 150TH AVE STE E  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VP ( ) Delete  
Name: CAREY, ED  
Address: 352 150TH AVE STE E  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: ST ( ) Delete  
Name: ALBRIGHT, IRVEN  
Address: 352 150TH AVE STE E  
City-St-Zip: MADEIRA BEACH, FL 33708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CAREY, JOE  
Address: 19535 GULF BLVD  
City-St-Zip: INDIAN SHORES, FL 33785

Title: VP (X) Change ( ) Addition  
Name: CAREY, ED  
Address: 19535 GULF BLVD  
City-St-Zip: INDIAN SHORES, FL 33785

Title: ST (X) Change ( ) Addition  
Name: ALBRIGHT, IRVEN  
Address: 19535 GULF BLVD  
City-St-Zip: INDIAN SHORES, FL 33785

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: JOYCE ADAMS

LCAM

04/29/2009

Electronic Signature of Signing Officer or Director

Date