

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90376 026 ****61.25

60024301




01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number **36-4528538** Applied For
 Not Applicable

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

DOCUMENT # N02000004788
 1. Entity Name
VENEZIA GRANDE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
75 VINEYARDS BLVD **75 VINEYARDS BLVD**
3RD FLOOR **3RD FLOOR**
NAPLES, FL 34119 **NAPLES, FL 34119**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PROPERTY MGMT PROFESSIONALS
75 VINEYARDS BLVD
3RD FLOOR
NAPLES, FL 34119

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAADEH, MICHAEL
STREET ADDRESS	75 VINEYARDS BLVD 500
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	ROGERS, ROBERT F
STREET ADDRESS	75 VINEYARDS BLVD.
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	PROCACCI, MICHAEL
STREET ADDRESS	75 VIDNEYARDS BLVD. 500
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Nichel Saadeh* **3/22/06** **(939)353-1551**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #