


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 16, 2007 08:00 AM
Secretary of State**

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



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

DO NOT WRITE IN THIS SPACE



07092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 36-4528538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 September 14, 2007**

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

10. OFFICERS AND DIRECTORS

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

U00000768928
07/16/07-80007-008 61.25

**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 this 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 applicable or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Saadeh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____