

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 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
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6025



01082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 36-4528538	Applied For <input type="checkbox"/> 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

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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, 2008

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

000000822119
 02/19/08-80055-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAADEH, MICHAEL # 5 th FL 75 VINEYARDS BLVD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, ROBERT F # 5 th FL 75 VINEYARDS BLVD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCACCI, MICHAEL # 5 th FL 75 VIDNEYARDS BLVD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Michael Saadeh
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-08 (239) 353-1551
 Date Daytime Phone #