

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90086 039 \*\*\*\*61.25

40035812



03142005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N02000006852</b> 1. Entity Name <b>COURTYARDS OF VENICE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 227 NOKOMIS AVE. SOUTH VENICE, FL 34285			Mailing Address P. O. BOX 1767 VENICE, FL 34284-1767		
2. Principal Place of Business <b>247 PONCE DE LEON AVE</b>		3. Mailing Address <b>247 PONCE DE LEON</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>VENICE, FL.</b>		City & State <b>VENICE, FL.</b>		4. FEI Number <b>02-0645225</b>	
Zip <b>34285</b>		Country <b>U.S.A.</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34285</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEBOER, J.</b> <b>227 NOKOMIS AVE. SOUTH</b> <b>VENICE, FL 34285</b>				7. Name and Address of New Registered Agent Name <b>GREGG G. HASSLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>247 PONCE DE LEON AVE.</b> City <b>VENICE</b> FL <b>34285</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>GREGG G. HASSLER</b> <b>3-16-2005</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARLEY, DAVID P 227 NOKOMIS AVE. SOUTH VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEBOER, ROBERT J 227 NOKOMIS AVE. SOUTH VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOWLE, JAMES L 227 NOKOMIS AVE. SOUTH VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HASSLER, GREGG G 227 NOKOMIS AVE. SOUTH VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO HASSLER, GREGG G. 247 PONCE DE LEON AVE. VENICE, FL. 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>GREGG G. HASSLER</b> <b>3-16-2005</b> <b>(941) 416-3761</b> <small>Date Daytime Phone #</small>			