

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006852

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** COURTYARDS OF VENICE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

247 PONCE DE LEON AVE  
VENICE, FL 34285

**New Principal Place of Business:**

247 PONCE DE LEON  
VENICE, FL 34285

**Current Mailing Address:**

247 PONCE DE LEON AVE  
VENICE, FL 34285

**New Mailing Address:**

244 PENSACOLA RD.  
VENICE, FL 34285

**FEI Number:** 02-0645225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HASSLER, GREGG G  
247 PONCE DE LEON AVE  
VENICE, FL 34285 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FARLEY, DAVID P  
Address: 227 NOKOMIS AVE. SOUTH  
City-St-Zip: VENICE, FL 34285

Title: TD ( ) Delete  
Name: HASSLER, GREGG G  
Address: 247 PONCE DE LEON AVE  
City-St-Zip: VENICE, FL 34285

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PRES (X) Change ( ) Addition  
Name: MILLER, TERRY  
Address: 227 PONCE DE LEON AVE.  
City-St-Zip: VENICE, FL 34285 US

Title: VP (X) Change ( ) Addition  
Name: SHERMAN, STEVE  
Address: 224 PENSACOLA RD.  
City-St-Zip: VENICE, FL 34285 US

Title: SEC. ( ) Change (X) Addition  
Name: HORAN, MIKE  
Address: 243 PONCE DE LEON  
City-St-Zip: VENICE, FL 34285 US

Title: TREA ( ) Change (X) Addition  
Name: VAN BUREN, ELIZABETH P  
Address: 244 PENSACOLA RD.  
City-St-Zip: VENICE, FL 34285 US

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: ELIZABETH P. VAN BUREN

TREA

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date