

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/16/02


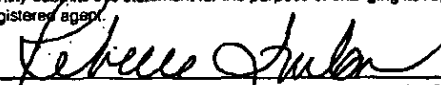
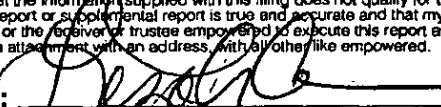
**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90100 027 \*\*\*\*61.25

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02112004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N02000009339</b>					
1. Entity Name VENETIAN BAY VILLAGES MASTER ASSOCIATION, INC.					
Principal Place of Business % LELAND MANAGEMENT 1633 E. VINE ST. SUITE 110 KISSIMMEE, FL 34744			Mailing Address % LELAND MANAGEMENT 1633 E. VINE ST. SUITE 110 KISSIMMEE, FL 34744		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FFI Number 54-2095612	
				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 LELAND MANAGEMENT, INC. 1633 E. VINE ST., #110 KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 		4/26/04		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, TONY		NAME	7200 Lake Elkanor Drive Suite 241	
STREET ADDRESS	1551 SANDSPUR		STREET ADDRESS	Orlando, FL 32809	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHASSIAN, LOUIS P		NAME	7200 Lake Elkanor Drive Suite 241	
STREET ADDRESS	1551 SANDSPUR		STREET ADDRESS	Orlando, FL 32809	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAFFER, MARTIN		NAME		
STREET ADDRESS	1551 SANDSPUR		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		4/26/04 (407) 816-7211		DATE Daytime Phone #	