

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90210 050 ****61.25

DOCUMENT # N02000009339

1. Entity Name
VENETIAN BAY VILLAGES MASTER ASSOCIATION, INC.



Principal Place of Business
~~610 LELAND MANAGEMENT~~
8009 S ORANGE AVE
ORLANDO, FL 32809

Mailing Address
~~610 LELAND MANAGEMENT~~
8009 S ORANGE AVE
ORLANDO, FL 32809

2. Principal Place of Business
4001 Venetian Bay Dr.
Suite, Apt. #, etc.

3. Mailing Address
4001 Venetian Bay Dr.
Suite, Apt. #, etc.

City & State
Kissimmee, FL
Zip
34741
Country
USA

City & State
Kissimmee, FL
Zip
34741
Country
USA

04052006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2095612
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FURLOW, REBECCA
8009 S ORANGE AVE
ORLANDO, FL 32809

7. Name and Address of New Registered Agent

Name
Taylor, Robert
Street Address (P.O. Box Number is Not Acceptable)
850 Concourse Parkway South
Suite 105
City
Maitland
FL Zip Code
32751

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

Robert Taylor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/06

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, TONY 7001 LAKE ELLENOR DR, STE 200 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHASSIAN, LOUIS P 7001 LAKE ELLENOR DR, STE 200 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Campanella, James 4001 Venetian Bay Dr. Kissimmee, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Christie, Martin 4001 Venetian Bay Dr. Kissimmee, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Hamby, Steve 4001 Venetian Bay Dr. Kissimmee, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Day, Elspeth 4001 Venetian Bay Dr. Kissimmee, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Nalley, David 4001 Venetian Bay Dr. Kissimmee, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elspeth Day

4/7/05

Date

407-343-4933

Daytime Phone #