

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006600

FILED
May 01, 2009
Secretary of State

Entity Name: VENETIA GARDENS SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

381 N KROME AVENUE
SUITE 205
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

PO BOX 901773
HOMESTEAD, FL 33090

New Mailing Address:

FEI Number: 20-1687038 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SKRLD, INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

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: D () Delete
Name: BUSTAMANTE, JORGE E
Address: 1300 S.E. 31ST COURT, UNIT NO. 104
City-St-Zip: HOMESTEAD, FL 33035

Title: PD () Delete
Name: STRAVERS, WILLIAM
Address: 1240 SE 31 COURT #205
City-St-Zip: HOMESTEAD, FL 33035

Title: D () Delete
Name: KITTLE, CHRISTINA
Address: 1250 S.E. 29TH STREET, UNIT NO. 105
City-St-Zip: HOMESTEAD, FL 33035

Title: SD () Delete
Name: ROUSSEAU, MAURICE
Address: 2931 SE 13 ROAD #105
City-St-Zip: HOMESTEAD, FL 33035

Title: DT () Delete
Name: CUTINO, NORMA
Address: 1271 SE 29 STREET #204
City-St-Zip: HOMESTEAD, FL 33035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM STRAVERS

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date