

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90456 036 ****61.25

DOCUMENT # N03000006805

1. Entity Name

VENETIAN PLAZA OFFICE PARK MASTER
ASSOCIATION, INC.



Principal Place of Business

C/O BAYVIEW PROPERTY MANAGEMENT
4600 ENTERPRISE AVENUE, STE. A
NAPLES FL 34104

Mailing Address

C/O BAYVIEW PROPERTY MANAGEMENT
4600 ENTERPRISE AVENUE, STE. A
NAPLES FL 34104



2. Principal Place of Business

500 Logan Blvd. So

Suite, Apt. #, etc.

3. Mailing Address

500 Logan Blvd. So

Suite, Apt. #, etc.

City & State

Naples, FL

Zip
34119

Country
USA

City & State

Naples, FL

Zip
34119

Country
USA

4. FEI Number

20-0251650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, CHERYL L
GRANT, FRIDKIN, PEARSON, ET AL, P.A.
5551 RIDGEWOOD DR., STE. 501
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: 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 D ☐ Delete
NAME ARMALAVAGE, RICHARD L
STREET ADDRESS 1845 TRADE CENTER WAY
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☐ Delete
NAME PEZESHKAN, F. FRED
STREET ADDRESS 2606 S.HORSESHOE DRIVE
CITY-ST-ZIP NAPLES FL 34104

TITLE D ☐ Delete
NAME CARSELLO, ROBERT L
STREET ADDRESS 2606 S.HORSESHOE DRIVE
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

acting Secretary

4-3-06

239-434-6106