

NO3000010497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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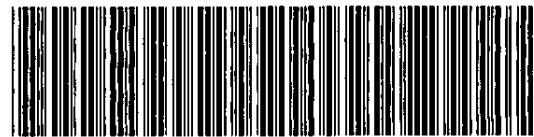
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Chong  
C.COULIETTE

MAY 17 2010

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: VENETIAN FALLS Homeowner Assoc.  
Name of Corporation

DOCUMENT NUMBER: N03000010497

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID LISTON

Name of Contact Person

OMNI MANAGEMENT SERVICES

Firm/Company

8695 COLLEGE PARKWAY SUITE 1274

Address

FT MYERS FL 33919

City/State and Zip Code

liston@omni-property.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID LISTON

Name of Contact Person

at (941) 782-5508

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VENETIAN FALLS Homeowners Association, INC.

2. The principal office address: 8695 COLLEGE PARKWAY SUITE 1274  
FT. MYERS FL 33919

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/3/2003 Document number: N03 000010497

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LISTON, DAVID

27499 RIVERVIEW CENTER BLU. #238

BONITA SPRINGS FL 34134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LISTON, DAVID

8695 COLLEGE PARKWAY SUITE 1274

P.O. Box NOT acceptable

FT. MYERS FL 33919

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

J. L. Liston  
Signature of an officer or director

JORDAN GOLDMAN VP

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

David L. Liston  
Signature of Registered Agent

4/2/10

Date

If signing on behalf of an entity:

DAVID L. LISTON  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
32314

10 MAY 10 AM 11:01