

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90256 029 ****61.25

DOCUMENT # N04000000637 1. Entity Name VENETIA VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 15025 NW 77 AVE STE TT3 MIAMI, FL 33014 <i>17350 NW 67th Avenue Hialeah, FL 33015</i>				Mailing Address 15025 NW 77 AVE STE TT3 MIAMI, FL 33014 <i>P.O. Box 172165 Hialeah, FL 33017</i>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2492604	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE 2ND FL CORAL GABLES, FL 33134				Name Graciela Duran, President Street Address (P.O. Box Number is Not Acceptable) 17350 NW 67th Ave / Unit 206 City Hialeah FL Zip Code 33015	
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 <u><i>Kelly C. Saunders / Secretary / Treasurer</i></u> 1/12/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURAN, GRACIELA 17350 NW 67 AVE., #208 MIAMI, FL 33015	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UGANDO, ANTONIO A 17350 NW 67 AVE., #404 MIAMI, FL 33015	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAUNDERS, KELLY 17350 NW 67 AVE., #109 MIAMI, FL 33015	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: <u><i>Kelly C. Saunders, Secretary / Treasurer</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 1/12/06 Daytime Phone # 305-826-8480	