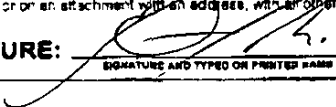


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000000637			
1. Entity Name VENETIA VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 17350 NW 67TH AVE HIALEAH, FL 33015		Mailing Address P O BOX 172165 HIALEAH, FL 33017	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2492604		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUCKER & TIGHE, P.A. 800 E. BROWARD BLVD SUITE 710 FT. LAUDERDALE, FL 33301		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		DATE	
Amended AR is \$81.25		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	VD UGANDO, ANTONIO A 17350 NW 67 AVE., #404 MIAMI, FL 33015 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELVIRA RUIZ 17350 NW 67 AVE #101 HIALEAH, FL 33015 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAUNDERS, KELLY 17350 NW 67 AVE., #100 MIAMI, FL 33015 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEDRO MORA 17350 NW 67 AVE #302 HIALEAH, FL 33015 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARTURO PALMA 17350 NW 67 AVE #108 HIALEAH, FL 33015 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or an attachment with an addressee, with or without the empowered.			
SIGNATURE: 		11/5/07 305-820-8378	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date	

FILED

2007 NOV -1 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11052007 Chg-NP CR2E037 (12/08)