

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

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**

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IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RUIZ, ELVIRA
17350 NW 67TH AVENUE #101
HIALEAH, FL 33015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MAURI, PEDRO
17350 NW 67TH AVENUE #302
HIALEAH, FL 33015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
PALMA, ARTURO
17350 NW 67TH AVENUE #108
HIALEAH, FL 33015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000783426
01/16/08-80014-009 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/08 *305-820-2378*