



# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N04000002453</b> 1. Entity Name <b>CASTELLO AT VENETIAN GOLF &amp; RIVER CLUB PROPERTY OWNERS ASSOCIATION, INC.</b>						<b>FILED</b> <b>08 MAY -7 PM 12:18</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>BETH CALLANS MANAGEMENT 595 BAY ISLES RD, SUITE 200 LONGBOAT KEY, FL 34228</b>				Mailing Address <b>595 BAY ISLES RD SUITE 200 LONGBOAT KEY, FL 34228</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number <b>33-1094442</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BETH CALLANS MANAGEMENT 595 BAY ISLES RD SUITE 200 LONGBOAT KEY, FL 34228</b>				7. Name and Address of New Registered Agent Name <b>ADVANCED MANAGEMENT INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>849 WOOD BRIDE DRIVE</b> City <b>VENICE</b> FL Zip Code <b>34293</b>			
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 <i>Jessica E. Douglass</i> <b>Jessica E. Douglass</b>				DATE <b>4/24/08</b>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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				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.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD MILLER, PAT 122 SAVONA WAY NORTH VENICE, FL 34275</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>STD UZZO, THOMAS 154 SAVONA WAY NORTH VENICE, FL 34275</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>700129596347 05/15/08--01026--002 **61.25</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPD DAUT, JACK 197 SARONA WAY NORTH VENICE, FL 34275</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]			
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]				TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]			
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]				TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]			
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]				TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]			
SIGNATURE: <i>Patricia Miller</i> <b>Patricia Miller</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>5/5/08</b> Daytime Phone # <b>941.443.0287</b>			