

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002453

FILED
Jan 22, 2009
Secretary of State

Entity Name: CASTELLO AT VENETIAN GOLF & RIVER CLUB PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BETH CALLANS MANAGEMENT
595 BAY ISLES RD, SUITE 200
LONGBOAT KEY, FL 34228

New Principal Place of Business:

ADVANCED MANAGEMENT INC.
899 WOODBRIDGE DR.
VENICE, FL 34293

Current Mailing Address:

595 BAY ISLES RD
SUITE 200
LONGBOAT KEY, FL 34228

New Mailing Address:

ADVANCED MANAGEMENT INC.
899 WOODBRIDGE DR.
VENICE, FL 34293

FEI Number: 33-1094442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANCED MANAGEMENT INC.
899 WOODBRIDGE DRIVE
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, PAT
Address: 122 SAVONA WAY
City-St-Zip: NORTH VENICE, FL 34275

Title: STD () Delete
Name: UZZO, THOMAS
Address: 154 SAVONA WAY
City-St-Zip: NORTH VENICE, FL 34275

Title: VPD () Delete
Name: DAUT, JACK
Address: 197 SARONA WAY
City-St-Zip: NORTH VENICE, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: UZZO, THOMAS
Address: 899 WOODBRIDGE DRIVE
City-St-Zip: VENICE, FL 34293

Title: STD (X) Change () Addition
Name: DADAKIAN, ROBERT
Address: 899 WOODBRIDGE DRIVE
City-St-Zip: VENICE, FL 34293

Title: VPD (X) Change () Addition
Name: LAFATA, CAROL
Address: 899 WOODBRIDGE DRIVE
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS UZZO

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date