


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90247 004 \*\*\*\*70.00

000000000000 N04000003614 1. Entity Name VENICE BUSINESS SUITES I CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2502 NORTHWAY DR VENICE, FL 34292		Mailing Address 2502 NORTHWAY DR VENICE, FL 34292	
2. Principal Place of Business 120 Triple Diamond Blvd Suite, Apt. #, etc. Unit I City & State N. Venice, FL Zip 34275 Country USA		3. Mailing Address 120 Triple Diamond Blvd Suite, Apt. #, etc. Unit I City & State N. Venice, FL Zip 34275 Country USA	

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUTCHINSON, JEFFREY S 2502 NORTHWAY DR VENICE, FL 34292		7. Name and Address of New Registered Agent Name David Mashia Street Address (P.O. Box Number is Not Acceptable) 120 Triple Diamond Blvd, Unit B City N. Venice FL Zip Code 34275	
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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: David Mashia President 4/12/05  
 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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D HUTCHINSON, JEFFREY S 2502 NORTHWAY DR VENICE, FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP President David R. Mashia 120 Triple Diamond Blvd Unit B Venice, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D HIGEL, RANDALL L 223 LAKESHORE DR NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP V.P. JOHN L. SINGERTEN 120 TRIPLE DIAMOND BLVD #6 VENICE, FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D MCKIBBEN, JEFF J 105 S 6 ST UNIT 1 WAUCHULA, FL 33873	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Secretary/Treasurer Lisa Singeisen 120 Triple Diamond Blvd, Unit G N. Venice, FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 1	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David Mashia President 4/12/05 941-480-0761  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #