

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90024 040 \*\*\*\*61.25

**DOCUMENT # N04000004820**

1. Entity Name  
**VENETIAN VILLAS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**953 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071**

Mailing Address  
**P.O. BOX 8726  
CORAL SPRINGS, FL 33075 US**



2. Principal Place of Business - No P.O. Box #  
**2328 S. CONGRESS AVENUE**

3. Mailing Address  
**2328 S. CONGRESS AVENUE**

Suite, Apt. #, etc.  
**SUITE 2A**

Suite, Apt. #, etc.  
**SUITE 2A**

02152008 Chg-NP CR2E037 (12/06)

City & State  
**WEST PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

4. FEI Number  
**20-4850264**

Applied For  
Not Applicable

Zip  
**33406**

Country  
**USA**

Zip  
**33406**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WHITTLE, JOHN**  
**953 UNIVERSITY DR**  
**CORAL SPRINGS, FL 33071**

**7. Name and Address of New Registered Agent**

Name **CUSTOM PROPERTY MANAGEMENT, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**2328 S. CONGRESS AVE., SUITE 2A**

City **WEST PALM BEACH**

**FL**

**33406**

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

*Jennifer Rogers*

*2/19/08*

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

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **JOSEPH, TERESA**  
STREET ADDRESS **4090 ARTESA DR**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **VP** ☐ Delete  
NAME **ADAMS, PAUL**  
STREET ADDRESS **10782 GREEN TRAIL DR**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **TS** ☐ Delete  
NAME **ZAHN, CHAD**  
STREET ADDRESS **2513 VENETIAN CT**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **PD** ☒ Change ☐ Addition  
NAME **JOSEPH, TERESA**  
STREET ADDRESS **2328 S. CONGRESS AVE., SUITE 2A**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **VD** ☒ Change ☐ Addition  
NAME **ADAMS, PUL**  
STREET ADDRESS **2328 S. CONGRESS AVE., SUITE 2A**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **TSD** ☒ Change ☐ Addition  
NAME **ZAHN, CHAD**  
STREET ADDRESS **2328 S. CONGRESS AVE., SUITE 2A**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Chad Zahn* **CHAD ZAHN**

*2/28/08*

*561-734-0055*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #