

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005236

FILED
Apr 18, 2006
Secretary of State

Entity Name: VENETIAN HARBOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVE.
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

C/O LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 20-1675085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809 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: P () Delete
Name: GAMM, STEVEN E
Address: 2630 S FALKENBERG RD
City-St-Zip: RIVERVIEW, FL 33569

Title: ST () Delete
Name: REAGAN, JOSEPH
Address: 2630 S FALKENBERG RD
City-St-Zip: RIVERVIEW, FL 33569

Title: VP () Delete
Name: HUTCHINGS, NORM
Address: 2630 S FALKENBERG RD
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: OMAN, CHRISTOPHER
Address: 1152 VENETIAN HARBOR DRIVE
City-St-Zip: ST. PETERSBURG, FL 33702

Title: DVP (X) Change () Addition
Name: HIBBITS, WILLIAM
Address: 1180 GANDY CREST DRIVE
City-St-Zip: ST. PETERSBURG, FL 33702

Title: DST (X) Change () Addition
Name: PIACENZA, MICHAEL
Address: 1138 VENETIAN HARBOR DRIVE
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER OMAN

DP

04/18/2006

Electronic Signature of Signing Officer or Director

Date