

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # N04000005425
 1. Entity Name
 VENETIAN PARKWAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1215 JACARANDA BOULEVARD, VENICE, FL 34292
 Mailing Address: 1220 E. VENICE AVE., VENICE, FL 34285



02202008 No Chg-NP CR2E037 (4/06)

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4. FEI Number: 20-1129605 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DEMASI, RONALD W
 1203 JACARANDA BOULEVARD
 VENICE, FL 34292

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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: _____ (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

000000851094
 03/25/08-20026-001 138.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FELMAN, ROBERT
STREET ADDRESS	1215 JACARANDA BOULEVARD
CITY-ST-ZIP	VENICE, FL 34292
TITLE	VP
NAME	DEMASI, RONALD W
STREET ADDRESS	1203 JACARANDA BOULEVARD
CITY-ST-ZIP	VENICE, FL 34292
TITLE	S
NAME	DUMAS, PETER
STREET ADDRESS	1203 JACARANDA BOULEVARD
CITY-ST-ZIP	VENICE, FL 34292
TITLE	T
NAME	KONDAPALLI, RAVI
STREET ADDRESS	1203 JACARANDA BOULEVARD
CITY-ST-ZIP	VENICE, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Handwritten Signature]* 13/5/08 484-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #