



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90026 005 ****61.25

DOCUMENT # N04000007121					
1. Entity Name VENETIAN POINTE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 5040 TURKEY LAKE RD ORLANDO, FL 32819			Mailing Address 5040 TURKEY LAKE RD ORLANDO, FL 32819		
2. Principal Place of Business 5940 TURKEY LAKE RD Suite, Apt. #, etc.		3. Mailing Address 5940 TURKEY LAKE RD Suite, Apt. #, etc.			
City & State		City & State		02242005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 20-2383935	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHEPARD, III, CLIFFORD B 111 S MAITLAND AVE MAITLAND, FL 32794			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RAMPI, RICHARD 8511 SANDLAKE SHORES ORLANDO, FL 32819			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RAMPI, M. PATRICIA 8511 SANDLAKE SHORES ORLANDO, FL 32819			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
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: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				03/15/05 (407) 352-6959 <small>Date Daytime Phone #</small>	