2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000007121

1. Entity Name
VENETIAN POINTE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5940 TURKEY LAKE RD ORLANDO, FL 32819	5940 TURKEY LAKE RD ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

07122007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-2383935
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPARD, III, CLIFFORD B
111 S MAITLAND AVE
MAITLAND, FL 32794

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	RAMPI, RICHARD
STREET ADDRESS	8511 SANDLAKE SHORES
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	DVS
NAME	RAMPI, M. PATRICIA
STREET ADDRESS	8511 SANDLAKE SHORES
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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07/24/07-80007-021 61.25

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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: Richard C. Rampi D.M.D 07/13/07 (407)352-6959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #