2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007233

FILED Apr 29, 2008 Secretary of State

Entity Name: THE VILLAS AT VENETIAN BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8009 SOUTH ORANGE AVENUE 5955 T.G. LEE BLVD. ORLANDO, FL 32809

SUITE 300

ORLANDO, FL 32822 US

Current Mailing Address: New Mailing Address:

8009 SOUTH ORANGE AVENUE 5955 T.G. LEE BLVD.

SUITE 300 ORLANDO, FL 32809

ORLANDO, FL 32822 US

FEI Number: 27-0131827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LELAND MANAGEMENT, INC LELAND MANAGEMENT, INC. 8009 SOUTH ORANGE AVENUE 5955 T.G. LEE BLVD.

SUITE 300 ORLANDO, FL 32809

ORLANDO, FL 32822 US

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: REBECCA FURLOW 04/29/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

SPARRELL, JOHN PIOTROWSKI, JAMES R Name: Name: 2487 S VOLUSIA AVENUE, SUITE 105 Address: 518 VENETIAN VILLA DR Address: City-St-Zip: ORANGE CITY, FL 32763 US City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: Title:

(X) Change () Addition () Delete HAWKS, CANDICE Name: MIGLIORANZI, MICHAEL Name:

Address: 11315 CORPORATE BLVD. SUITE 250 Address: 462 VENETIAN VILLA DR City-St-Zip: ORLANDO, FL 32817 City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: () Delete Title: S/T (X) Change () Addition

GONZALEZ, ROLLIE Name: BAYER, SANDRA Name: 11315 CORPORATE BLVD, SUITE 250 516 VENETIAN VILLA DR Address: Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: () Delete Title: () Change (X) Addition

Name: Name: LESNETT, SCOTT Address: Address: 107 SOFT SHADOW LANE City-St-Zip: City-St-Zip: VENETIA, PA 15367

I hereby certify that the information supplied with this filing does not qualify 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: JAMES R. PIOTROWSKI Ρ 04/29/2008