




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90410 027 ****61.25

DOCUMENT # N04000010914 1. Entity Name VENETIAN VILLAGE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 100 ALBANY AVE., STE. 300 STUART, FL 34994			Mailing Address 100 ALBANY AVE., STE. 300 STUART, FL 34994		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 71-0999085	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENE, JOHN A 100 ALBANY AVE., STE. 300 STUART, FL 34994			7. Name and Address of New Registered Agent Name PASQUALE ZARRO Street Address (P.O. Box Number is Not Acceptable) 100 SW ALBANY AVENUE, SUITE 300 City STUART FL Zip Code 34994		
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, 2007		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	PD BERTHIAUME, ROBERT F 100 ALBANY AVE., STE. 300 STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZARRO, PASQUALE G 100 ALBANY AVE., STE. 300 STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TARPEL, ALAN 100 ALBANY AVE., STE. 300 STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> 4-11-07 <small>Daytime Phone #</small> (712) 288-5251					

40071624



04102007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

Name **PASQUALE ZARRO**
Street Address (P.O. Box Number is Not Acceptable)
100 SW ALBANY AVENUE, SUITE 300
City **STUART** FL Zip Code **34994**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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PD
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100 ALBANY AVE., STE. 300
STUART, FL 34994

☐ Delete

TITLE
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CITY-ST-ZIP
SD
ZARRO, PASQUALE G
100 ALBANY AVE., STE. 300
STUART, FL 34994

☐ Delete

TITLE
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CITY-ST-ZIP
TD
TARPEL, ALAN
100 ALBANY AVE., STE. 300
STUART, FL 34994

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #