




# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90057 020 \*\*\*\*61.25

|  |   |   |   |   |  |                                |  |
|--|---|---|---|---|--|--------------------------------|--|
| <b>DOCUMENT # N05000001113</b><br>1. Entity Name<br><b>VENICE BUSINESS SUITES II CONDOMINIUM ASSOCIATION, INC.</b>   |   |   |   |    |  |                                |  |
| Principal Place of Business<br><b>121 TRILE DIAMOND BLVD STE 79<br/>NOKOMIS, FL 34275</b>  |   |   | Mailing Address<br><b>C/O BYRD REALTY INC<br/>6512 SUPERIOR AVE<br/>SARASOTA, FL 34231</b>  |   |  |                                |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |   | <br><br>01042007 Chg-NP CR2E037 (12/06) |  |                                |  |
| City & State   |   | City & State  |   |   |  |                                |  |
| Zip  |   | Zip   |   |   |  |                                |  |
| Country  |   | Country   |   |   |  |                                |  |
| 4. FFI Number<br><b>20-2336756</b>   |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b>   |  |                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RUTKOWSKI, VICKIE<br/>424 TRIPLE DIAMOND BLVD STE 19<br/>NOKOMIS, FL 34275</b>   |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br><b>C/O Byrd Realty, Inc</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6512 Superior Avenue</b><br>City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34231</b> |   |  |                                |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |   |   |  |                                |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |                                |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |   |   |  |                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DT</b><br><b>CHARLIER, BILL</b><br><b>121 TRIPLE DIAMOND BLVD STE 6</b><br><b>NOKOMIS, FL 34275</b>    |   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>President</b><br><b>Cheryl Stroer</b><br><b>121 Triple Diamond Blvd., Unit 17</b><br><b>Venice, FL 34275</b>      |                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>RUTKOWSKI, VICKIE</b><br><b>121 TRIPLE DIAMOND BLVD STE 15</b><br><b>NOKOMIS, FL 34275</b> |   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Secretary</b><br><b>Linda Parsons</b><br><b>121 Triple Diamond Blvd, Unit # 5</b><br><b>Venice, FL 34275</b>      |                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Treasurer</b><br><b>Bill Parrish</b><br><b>121 Triple Diamond Blvd, Unit 14</b><br><b>Venice, FL 34275</b>        |                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Member/Director</b><br><b>Dan Rutkowski</b><br><b>121 Triple Diamond Blvd, Unit 15</b><br><b>Venice, FL 34275</b> |                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Member/Director</b><br><b>Dick Byrd</b><br><b>6512 Superior Avenue</b><br><b>Sarasota, FL 34231</b>               |                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |   |   |   |   |  |                                |  |
| <b>SIGNATURE:</b>   |   |   |   | 2/15/07   |  | 941-921-5549                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |   | <small>Date</small>   |  | <small>Daytime Phone #</small> |  |