

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001113

FILED
May 15, 2009
Secretary of State

Entity Name: VENICE BUSINESS SUITES II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

121 TRILE DIAMOND BLVD STE 79
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

C/O BYRD REALTY INC
6512 SUPERIOR AVE
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 20-2336756 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STROER, CHERYL
C/O BYRD REALTY INC
6512 SUPERIOR AVE.
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STROER, CHERYL
Address: 121 TRIPLE DIAMOND BLVD UNIT 17
City-St-Zip: VENICE, FL 34275

Title: S () Delete
Name: PARSONS, LINDA
Address: 121 TRIPLE DIAMOND BLVD UNIT 5
City-St-Zip: VENICE, FL 34275

Title: T () Delete
Name: PARRISH, BILL
Address: 121 TRIPLE DIAMOND BLVD UNIT#14
City-St-Zip: VENICE, FL 34275

Title: D () Delete
Name: RUTKOWOKI, DAN
Address: 121 TRIPLE DIAMOND BLVD UNIT 15
City-St-Zip: VENICE, FL 32475

Title: D () Delete
Name: BYRD, DICK
Address: 6512 SUPERIOR AVE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HERBET BYRD

_____ Electronic Signature of Signing Officer or Director

DM

05/15/2009

_____ Date