

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002273

1. Entity Name
TOWNHOMES AT VENETIAN ISLES ASSOCIATION, INC.



Principal Place of Business
**4631 OVERLOOK DRIVE NE
ST. PETERSBURG, FL 33703**

Mailing Address
**4631 OVERLOOK DRIVE NE
ST. PETERSBURG, FL 33703**



01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2505500	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WHITE, BILLY T
4631 OVERLOOK DRIVE NE
ST. PETERSBURG, FL 33703**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHITE, BILLY T
STREET ADDRESS	4631 OVERLOOK DRIVE NE
CITY - ST - ZIP	ST. PETERSBURG, FL 33703

TITLE	VP
NAME	HODGSON, DAVID L
STREET ADDRESS	4631 OVERLOOK DRIVE NE
CITY - ST - ZIP	ST. PETERSBURG, FL 33703

TITLE	S/T
NAME	ALTENHOFF, NORMAN
STREET ADDRESS	4631 OVERLOOK DRIVE NE
CITY - ST - ZIP	ST. PETERSBURG, FL 33703

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/29/07-80043-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 JAN 07 (721) 525-8100
Date Daytime Phone #