

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002273

FILED  
Feb 19, 2010  
Secretary of State

**Entity Name:** TOWNHOMES AT VENETIAN ISLES ASSOCIATION, INC.

**Current Principal Place of Business:**

4631 OVERLOOK DRIVE NE  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

4631 OVERLOOK DRIVE NE  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

FEI Number: 56-2505500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

ALTENHOFF, NORMAN R  
4619 OVERLOOK DRIVE NE  
ST. PETERSBURG, FL 33703 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: NORMAN R. ALTENHOFF

02/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALTENHOFF, NORMAN R  
Address: 4619 OVERLOOK DRIVE NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: VP  
Name: HODGSON, DAVID L  
Address: 4631 OVERLOOK DRIVE NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: S/T  
Name: ALTENHOFF, NORMAN  
Address: 4631 OVERLOOK DRIVE NE  
City-St-Zip: ST. PETERSBURG, FL 33703

I hereby 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 all other like empowered.

SIGNATURE: NORMAN R. ALTENHOFF

P

02/19/2010

Electronic Signature of Signing Officer or Director

Date