

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90008 010 ****61.25

DOCUMENT # N05000003033

1. Entity Name
**TIZIANO I AT-VENETIAN GOLF & RIVER CLUB
PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business
**C/O BETH CALLANS MANAGEMENT CORPORATION
595 BAY ISLES ROAD
LONGBOAT KEY, FL 34228**

Mailing Address
**C/O BETH CALLANS MANAGEMENT CORPORATION
595 BAY ISLES ROAD
LONGBOAT KEY, FL 34228**

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

01042008

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-2713632

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BETH CALLANS MANAGEMENT CORPORATION
595 BAY ISLES ROAD - STE. 200
LONGBOAT KEY, FL 34228**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CHANDLER, MARJORIE
STREET ADDRESS 250 PADOVA WAY
CITY-ST-ZIP NO. VENICE, FL 34275

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME DITTMAR, HAROLD
STREET ADDRESS 157 MESTRE PLACE
CITY-ST-ZIP NO. VENICE, FL 34275

TITLE ☒ Change ☐ Addition
NAME **STD Peter Roach**
STREET ADDRESS **973 Padova Way**
CITY-ST-ZIP **North Venice, FL 34275**

TITLE STD ☐ Delete
NAME SANTORO, DOMINIC
STREET ADDRESS 270 PADOVA WAY
CITY-ST-ZIP NO. VENICE, FL 34275

TITLE ☒ Change ☐ Addition
NAME **VPD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #