


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90209 008 ****61.25

DOCUMENT # N05000006723

1. Entity Name
 CIPRIANI AT VENETIAN GOLF & RIVER CLUB
 PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
 2020 CLUBHOUSE DR
 SUN CITY CENTER, FL 33573

Mailing Address
 2020 CLUBHOUSE DR
 SUN CITY CENTER, FL 33573

40081119



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01172006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-3208652 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
 24301 WALDEN CENTER DR SUITE 300
 BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

WY COMMUNITIES PROPERTY MGMT INC
24201 WALDEN CENTER DRIVE
BONITA SPRINGS FL 34134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BEYER, RC JR	
STREET ADDRESS	2020 CLUBHOUSE DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	AMAN, ROGER	
STREET ADDRESS	24301 WALDEN CENTER DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KEITH, SYLVIA	
STREET ADDRESS	2020 CLUBHOUSE DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOSEPH JOHNSON	
STREET ADDRESS	125 BELLINI CT	
CITY-ST-ZIP	NORTH VENICE FL 34275	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARRY SNYDER	
STREET ADDRESS	106 CIPRIANI WAY	
CITY-ST-ZIP	NORTH VENICE, FL 34275	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARVIN WILLIAMSON	
STREET ADDRESS	150 CIPRIANI WAY	
CITY-ST-ZIP	NORTH VENICE, FL 34275	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

04/28/2006
 Date Daytime Phone #

ATTACHMENT 40081119

N05000006723

Cipriani at Venetian
NAME: FLORIDA DEPARTMENT OF STATE

DATE: 01/17/06

1009

INV. DATE	INVOICE NO.	AMOUNT
01/17/06	N05000006723	61.25
		61.25

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

Cipriani at Venetian
c/o Myers Brettholtz & Co
12671 Whitehall Dr
Fort Myers, FL 33907

COLONIAL BANK
63-1322/631

1009

01/17/06

**Sixty-one And 25/100 Dollars

\$ 61.25

Pay to the order of:

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

Handwritten signature