


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90053 021 \*\*\*\*61.25

**DOCUMENT # N05000006723**

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



Principal Place of Business      Mailing Address  
 %BETH CALLANS MANAGEMENT CORPORATION      %BETH CALLANS MANAGEMENT CORPORATION  
 595 BAY ISLES RD      595 BAY ISLES RD  
 LONGBOAT KEY, FL 34228      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  
 20-3208652      Applied For  
 Not Applicable

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



**6. Name and Address of Current Registered Agent**

BETH CALLANS MANAGEMENT CORPORATION  
 595 BAY ISLES RD. STE. 200  
 LONGBOAT KEY, FL 34228

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JOHNSON, JOSEPH<br>125 BELLINI CT<br>NORTH VENICE, FL 34275 <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SNYDER, BARRY<br>106 CIPRIANI WAY<br>NORTH VENICE, FL 34275 <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>MILLIAMSON, MARVIN<br>150 CIPRIANI WAY<br>NORTH VENICE, FL 34275 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br>NAME: Williamson, Marvin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                             |

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:** JOSEPH JOHNSON, PRESIDENT      Date: 2/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #