

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011220

FILED
Mar 30, 2007
Secretary of State

Entity Name: VENETIAN PALMS OF FT. MYERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-4504916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 321779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CABRERIZO, TOMAS
Address: 6351 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143

Title: VPSD () Delete
Name: RYAN, TOM
Address: 6351 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143

Title: TD () Delete
Name: FUENTES, IVAN
Address: 6351 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RYAN, TOM
Address: 6351 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143

Title: STD (X) Change () Addition
Name: FUENTES, IVAN
Address: 6351 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOMAS CABRERIZO

PD

03/30/2007

Electronic Signature of Signing Officer or Director

Date