

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011220

FILED  
Jan 29, 2008  
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:**

201 ALHAMBRA CIRCLE  
SUITE 601  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

201 ALHAMBRA CIRCLE  
SUITE 601  
CORAL GABLES, FL 33134

**FEI Number:** 20-4504916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

SHEAR, DAVID  
201 ALHAMBRA CIRCLE  
SUITE 601  
CORAL GABLES, FL FL 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: DAVID SHEAR

01/29/2008

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MAROCK, REGAN  
Address: 396 ALHAMBRA CIRCLE, SUITE 230  
City-St-Zip: CORAL GABLES, FL 33134

Title: ST (X) Change ( ) Addition  
Name: CRUZ, KATALINA  
Address: 396 ALHAMBRA CIRCLE, SUITE 230  
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change ( ) Addition  
Name: ROWNEY, LINDA  
Address: 396 ALHAMBRA CIRCLE, SUITE 230  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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: REGAN MAROCK

P

01/29/2008

Electronic Signature of Signing Officer or Director

Date