

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011220

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134

New Principal Place of Business:

12510 EQUESTRIAN CIRCLE
FT. MYERS, FL 33907

Current Mailing Address:

201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134

New Mailing Address:

12510 EQUESTRIAN CIRCLE
FT. MYERS, FL 33907

FEI Number: 20-4504916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GOEDE, JOHN C ESQ
9915 TAMiami TRAIL N., STE. 1
NAPLES, FL 34108 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: JOHN C. GOEDE

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEREDITH, KATHY
Address: 201 ALHAMBRA CIRCLE SUITE 601
City-St-Zip: CORAL GABLES, FL 33134

Title: ST (X) Change () Addition
Name: DENBERG, MICHAEL
Address: 201 ALHAMBRA CIRCLE SUITE 601
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: BARENDSE, SARAH
Address: 12640 EQUESTRIAN CIRCLE UNIT 1903
City-St-Zip: FT. MYERS, FL 33907

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: KATHY MEREDITH

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date