
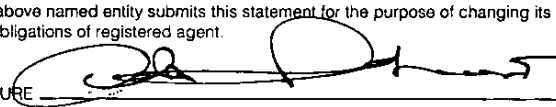
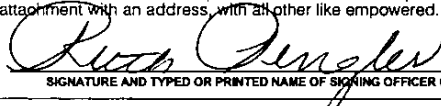


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 17 PM 4:54

<b>DOCUMENT # N05000011661</b> 1. Entity Name <b>VENETIA COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>200 COUNTRY CLUB DRIVE LARGO, FL 33771</b>			Mailing Address <b>3400 CORAL WAY 600 MIAMI, FL 33145-3070</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1/2 Resource Property Management</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>7300 Park Street</b>			
City & State		City & State <b>Seminole, FL</b>		03312008 REIN-NP CR2E099 (1/07)	
Zip		Country		4. FEI Number <b>APPLIED FOR</b>	
Zip <b>33777</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent				Name <b>Debra Reinhardt</b>	
DIAZ, FRANK 3400 CORAL WAY 600 MIAMI, FL 33145-3070				Street Address (P.O. Box Number is Not Acceptable) <b>7300 Park Street</b>	
City <b>Seminole</b>				Zip Code <b>FL 33777</b>	
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  <b>4-4-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD NAME BOHIGAS, JEANETTE STREET ADDRESS 3400 CORAL WAY, SUITE 600 CITY-ST-ZIP MIAMI, FL 331453070	<input type="checkbox"/> Delete		TITLE PD NAME Ruth Pengler STREET ADDRESS 200 Country Club Dr. #1503 CITY-ST-ZIP Largo, FL 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME HUBBARD, MICHAEL STREET ADDRESS 3400 CORAL WAY, SUITE 600 CITY-ST-ZIP MIAMI, FL 331453070	<input type="checkbox"/> Delete		TITLE VP/T/D NAME Kevin Taber STREET ADDRESS 200 Country Club Dr. #108 CITY-ST-ZIP Largo, FL 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME PINEIRO, MICKEY STREET ADDRESS 3400 CORAL WAY, SUITE 600 CITY-ST-ZIP MIAMI, FL 33145	<input type="checkbox"/> Delete		TITLE D NAME Paul Llanos STREET ADDRESS 200 Country Club Dr. #702 CITY-ST-ZIP Largo, FL 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  <b>4-4-08 727/585-5801</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		