

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011704

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** VENETIAN PLAZA COURTYARD II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

500 LOGAN BLVD SOUTH  
NAPLES, FL 34119

**New Principal Place of Business:**

6017 PINE RIDGE RD 241  
NAPLES, FL 34119

**Current Mailing Address:**

500 LOGAN BLVD SOUTH  
NAPLES, FL 34119

**New Mailing Address:**

6017 PINE RIDGE RD 241  
NAPLES, FL 34119

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRIGHT, RUSSELL J PA  
BAYVIEW PROPERTY MGMT.  
500 LOGAN BLVD SOUTH  
NAPLES, FL 34119 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: SONNE, JONATHAN  
Address: 2235 VENETIAN PLAZA COURT  
City-St-Zip: NAPLES, FL 34109

Title: VPD ( ) Delete  
Name: BRENNAN, ANNETTE  
Address: 2235 VENETIAN COURT  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: POTESIO, FRANK  
Address: 2235 VENETIAN COURT  
City-St-Zip: NAPLES, FL 34109

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

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

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

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

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: JONATHAN SONNE

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date